

Mining, Injuries, and the Compensation Process: Who Does It Hurt the Most?

by

Sherry Mongeau

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APPROVED/APPROUVÉ

Thesis Examiners/Examineurs de thèse:

Dr. Nancy Lightfoot
(Supervisor/Directrice de thèse)

Dr. Leigh MacEwan
(Committee member/Membre du comité)

Dr. Tammy Eger
(Committee member/Membre du comité)

Dr. Rebecca Gewurtz
(External Examiner/Examineur externe)

Approved for the Faculty of Graduate Studies
Approuvé pour la Faculté des études supérieures
Dr. David Lesbarrères
Monsieur David Lesbarrères
Dean, Faculty of Graduate Studies
Doyen, Faculté des études supérieures

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Abstract

The thesis aimed to determine the impact of a lower back injury and the compensation claim process experienced by some male underground workers in Sudbury, Ontario. A qualitative descriptive study design was employed and utilized inductive, in-depth, in-person interviews. Participants were recruited using an existing database of the United Steelworkers (USW) Local 6500. Thematic analysis was employed and yielded the following themes: extreme financial hardship, compromised family relationships, feelings of depression, unsafe work environments, punishment for injured workers, denial of illness and compensation by the employer, and a tough fight for compensation. In conclusion, the results of this study emphasized the need for additional research about the biopsychosocial consequences of an injury, how to better support an injured worker and the importance of providing process, policy, and injury prevention education for all individuals involved in an injured workers journey.

Keywords: Qualitative descriptive, lower back injury, compensation, underground workers, males, Sudbury

Co Authorship Statement

The project was conceptualized in consultation with Dr. Lightfoot, Dr. MacEwan, and Dr. Eger. Data analyses were conducted by S. Mongeau with feedback provided by Dr. Lightfoot. S. Mongeau completed the associated literature review and wrote the complete first draft of paper 1 and paper 2. Dr. Lightfoot, Dr. MacEwan, and Dr. Eger provided feedback and editorial guidance for all the writing.

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Chapter 1

1.0 Overview

Donoghue (2004) indicated that the risks and hazards associated with working in the minerals industry are not limited to physical injury, but also include biological, psychosocial, and ergonomic hazards. Those hazards could put employees at risk for injury. When an injury occurs, there is usually a need to work with various organizations to access services and prepare and submit compensation claims. Cacciaccaro and Kirsh (2006) noted that this process could prove tiresome and cause workers to struggle not only with physical recovery, but also face economic, social, and mental health-related issues that could impact the overall well-being of an injured worker.

Donoghue (2004) emphasized the need for increased awareness about how safety-focused organizations are best positioned to assist and protect an injured worker and a critical need for further improvement to prevent injury and support the injured worker as they work towards recovery and eventual workplace reintegration. Despite an increased safety awareness and a recognition of the importance of adhering to safety guidelines in the mining industry, the incidence of injuries is higher compared to other industries, such as pulp and paper and the electrical industry (“By the Numbers: 2017 Statistical Report,” 2019). The Ontario 2017 Workplace Safety and Insurance Board Statistical Report (2019) revealed that the mining industry had 0.70% lost time injuries or/illnesses per year compared to the pulp and paper industry that had 0.51% and the electrical industry that had 0.43%. In 2017, 17% of all high impact claims submitted were for back injuries, compared to 6% for shoulder injuries and 7% for fractures (“By the Numbers: 2017 Statistical Report,” 2019).

1.1 Literature Review

1.1.1 Introduction

Trief and Donelson (1995) noted that the creation of a worker's compensation system was intended to provide an injured or disabled worker with paid medical and rehabilitative care, assuring quality medical care for any injury or disability. Rossignol et al. (1988) indicated that male workers in the minerals industry had a long duration of absence from work and the most common reason for work-related absences in workers in the minerals industry was due to a back injury. Results of their study revealed that during a three year follow up this group experienced on average 151.2 days of absence from work. In contrast, finance and government workers who had experienced lumbar symptoms accumulated 84.2 calendar days of absence (Rossignol et al., 1988). Tarasuk and Eakin (1995) revealed that a worker who suffered from either an acute or chronic injury and was involved with a compensation claim was at a higher risk for increased stress-related factors in comparison to a worker who did not access the compensation system.

Trief and Donelson (1995) found that when a worker was injured, they often sought two key outcomes when accessing compensation. These included timely treatment by physicians and financial protection by the compensation system. However, both of these were subject to many barriers including the establishment of the injury as a work-related injury, delays in payment due to incorrect completion of forms, and disputes about the amount of the disability payment. All of these barriers could exacerbate psychosocial, financial, and physical symptoms.

Tarasuk and Eakin (1995) noted that workers who suffered a back injury stated that they struggled to legitimize their injury with the employer, co-workers, the compensation board, and the physician. The need to legitimize an injury evoked feelings of isolation, created dependency on a bureaucratic process, and increased a sense of powerlessness within the worker (Beardwood, Kirsh, & Clark, 2005). Trief and Donelson (1995) also noted that the complicated compensation process, along with slow financial payments increased fear within workers which could lead to

inaccurately reporting any physical improvement. Inaccurate reporting by an injured worker could stem from anticipated lowered monetary payments by the compensation program, coupled by the fear of not being able to fully return to their pre-injury work-related duties in a timely manner (Trief & Donelson, 1995). Additionally, their study revealed that an injured worker feared being “watched” or “videotaped” by external investigators which could lead to an impaired social life and limit their ability to participate in any outdoor activities (Trief & Donelson, 1995). All of these fears could result in increased financial stress, specifically if the worker was identified as the sole family provider and they found themselves in a financially vulnerable situation (Tarasuk & Eakin, 1995). Beardwood et al. (2005) also found that workers who felt the need to prove the legitimacy of their injury expressed that they were victims of not only the compensation process but also a workplace that never fully re-assimilated a worker back into the workplace. Additionally, those concerned about their inability to return-to-work experienced emotions of diminished self-worth, marital and family stress, and were at an increased risk for depression and substance abuse (Beardwood et al., 2005).

1.1.2 Lower-Back Injury

Van Tulder and Waddell (2005) noted that low back pain (LBP) and disability were considered to be major health and socioeconomic problems in western countries. They found that most individuals had experienced lower back pain at one time in their lives and lower back pain was considered to be a frequent cause of disability in working-age individuals (van Tulder & Waddell, 2005). In addition, they observed that a lower back disability was associated with work absenteeism, socioeconomic consequences, and high health-care utilization (van Tulder & Waddell, 2005).

Low back pain can be considered either specific or nonspecific and is defined as pain or other

symptoms between the costal margins and the inferior gluteal folds, and can be associated with pain that also radiates to the legs (van Tulder & Waddell, 2005). Specific back pain is caused by a particular pathophysiological mechanism such as disc prolapse, inflammation, tumor, osteoporosis, or fracture. In contrast, nonspecific back pain is defined as symptoms of unknown origin or without a specific pathology (van Tulder & Waddell, 2005).

A worker can suffer from either an acute or chronic back injury. An acute injury is classified as a sudden onset of an injury that can last from a few days to less than four weeks, and typically occurs as a reaction to an injury such as a breaking bone or burn (“Acute vs. Chronic conditions,” 2018). Chou et al. (2007) indicated that individuals who seek immediate medical attention for an acute back injury have a quicker resolution of pain or disability and a faster return-to-work. Sub-acute back pain can be classified as pain that typically lasts four to six weeks, whereas a chronic condition can be persistent or be long lasting for a time period of six weeks, to months, or years. A chronic condition can develop gradually and continue beyond the expected period of recovery. One example of chronic pain includes consistent back pain (“Acute vs. Chronic” 2018). Back pain is described as dull, aching, continuous or intermittent, or sudden, and typically is associated with problems due to muscles, nerves, bones, and joints of the spinal cord (“Acute vs. Chronic” 2018).

A lower back injury can be classified as a musculoskeletal disorder (MSD) and includes injuries of the muscles, nerves, tendons, ligaments, joints, cartilage, or spinal discs (“Infrastructure Health & Safety Association,” 2018). A musculoskeletal disorder typically results from a more gradual or chronic development and not a slip, trip, or fall (“Topics and Hazards,” 2018). A musculoskeletal injury can cause a great deal of pain and suffering, and is among the most common lost time injury (“Topics and Hazards,” 2018). As outlined in the Ontario 2017 Workplace Safety and Insurance Board Statistical Report (2019), a lower back injury represents 17% of all lost time compensation

claims in Ontario (“By the Numbers: 2017 Statistical Report,” 2019). Furthermore, in 2017 in Ontario, there were approximately 199 lost time claims submitted by workers in the mining industry equating to an estimated 19.5 days off over a three month period of time (“By the Numbers: 2017 Statistical Report,” 2019).

Chou et al. (2007) noted that the clinical guidelines for diagnosing lower back pain include conducting a focused history and physical examination to best determine if the pain was specific or nonspecific. Clinical guidelines recommend noninvasive treatment that includes diagnostic imaging or other diagnostic tests for nonspecific lower back pain, however diagnostic imaging such as Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scan, along with other tests as required are recommended for specific lower back pain (Chou et al., 2007). Chou et al. (2007) further indicated that clinical guidelines for treatment of nonspecific lower back pain includes evidence-based information that informs the patient about their expected recovery course, recommended self-care options, and a reminder about the importance of remaining active.

However, if an injury is deemed a worker’s compensation case, clinicians are expected to follow the specific guidelines and recommendations for reporting and documenting the injury (Chou et al., 2007). Ostelo and de Vet (2005) noted that clinical guidelines recommend adding medication for pain relief after the initial assessment of the pain intensity, as reported by the patient. Pain intensity is measured by the magnitude and severity of the pain using the visual analogue scale (VAS) and the numerical rating scale (NRS), however, it was noted that this is a subjective measurement of pain (Ostelo & de Vet, 2005). Furthermore, acetaminophen and nonsteroidal anti-inflammatory (NSAIDS) are considered the drugs of choice and the most effective treatment for either acute or chronic pain (Chou et al., 2007). Chou et al. (2007) indicated that for a patient with specific and debilitating back pain opioid analgesics are also an option. Van Tulder, Furlan, and Gagnier (2005) revealed that if persistent pain continued with nonspecific lower back pain, complementary and

alternative medicine (CAM) therapies can be recommended. These types of therapies include treatments such as botanical medicines, massage therapy, and acupuncture (van Tulder et al., 2005). Koes, van Tulder, Lin, et al. (2010) conducted a systematic review of the previous literature that revealed clinical guidelines for the management of lower back pain remained similar to those used a decade ago.

As previously outlined, a lower back injury is one of the leading causes of absenteeism from the workplace, therefore, it is also important to address guidelines on how to best facilitate return-to-work. Waddell and Burton (2005) found that lower back pain originates from a biological condition, however the chronicity and incapacity associated with lower back pain was subject to powerful psychosocial influences indicating that lower back pain could also be managed from a biopsychosocial model which includes health-related, personal/psychological, and social/occupational dimensions and the interactions between them. James, Cunningham, and Dibben (2002) found that the main biological condition limiting return-to-work includes the physical condition of the back, however, inappropriate healthcare for lower back pain could also block the appropriate management of return-to-work. Furthermore, health service waiting lists and delays in accessing consultations from specialists also act as return-to-work obstacles (James et al., 2002). Nicholas, Linton, Watson, and Main (2011) revealed that personal and psychological factors such as uncertainty, anxiety, and fear were also considered important obstacles to recovery and eventual return-to-work. Additionally, psychosocial aspects of work including occupational stress, physical and mental demands of the job, and low job satisfaction could also be considered return-to-work obstacles (Nicholas et al., 2011). Finally, Nicholas et al. (2011) noted that return-to-work was not just a matter of health but was a social process that depended on organizational policy, process, and practice. Waddell and Burton (2005) revealed that environmental and social obstacles such as co-workers' unhelpful attitudes or behaviors, a lack of suitable policies or practices for

sickness absence, and limited communication between the employee, employer, and health-care professionals could also impede the return-to-work process. Additionally, while most individuals with lower back pain recovered quite quickly, reconsideration of the goals of clinical management could be addressed and could include medical management of the injury, the entire biopsychosocial aspect of lower back pain, and the return-to-work process (Waddell & Burton, 2005).

More recently, Traeger, Buchbinder, Harris, and Maher (2017) conducted a review of clinical practice guidelines for treatment and management of non-acute lower back pain. This revealed that exercise programs, education, and multi-disciplinary therapy such as massage or physiotherapy, were recommended for non-acute management of lower back pain. Additionally, pharmacological interventions such as non-steroidal anti-inflammatory drugs were noted to be useful for short-term relief of pain (Traeger et al., 2017).

1.1.3 Lower Back Injury Statistics

Chen, Hogg-Johnson, and Smith (2007) conducted a longitudinal cohort study that found lower back pain disorders were the single largest category for compensation claims in Ontario. The participants (n=678) were off work because of a new back injury. One limitation identified by the authors' included the exclusion of participants who had reopened claims and who had returned to work prior to recruitment for the study. This exclusion criterion could have limited the generalizability of the results (Chen et al., 2007). A second limitation of this study was the lack of detail about the recruitment process. The strengths associated with this article included earlier identification of an injury resulting in an earlier return-to-work. The results of the study further expanded upon the existing body of knowledge about the recovery courses of back pain at an individual level (Chen et al., 2007).

Rossignol et al. (1988) conducted a cohort study in Quebec, of male workers in the minerals industry. The results showed that male workers, by industry and occupation, displayed the highest mean duration of absence from work over a cumulative of three years, compared to those workers who were employed in the finance, transportation, or government industries. Additionally, the results revealed that the most common reason for work-related absences was due to back injuries. Furthermore, it was noted that on average, miners who experienced lumbar symptoms accumulated 82.8 calendar days of absence over a three-year period after their injury (Rossignol et al., 1988). There were lengthier time absences from workplaces where individuals worked in a manual versus white collar industry. This study also revealed that workers in the mineral industry were one of the largest groups of workers who were most frequently absent from work due to back injuries (Rossignol et al., 1988). Rossignol et al. (1988) indicated that further research could be undertaken to gain a better understanding of the knowledge of the compensation process and the complicated assessment of a back injury.

In 2017, there were 182 136 claims in Canada submitted to a compensation office, and of those claims, 94% were submitted by Ontario workers (“By the Numbers: 2017 Statistical Report,” 2019). Furthermore, in 2017 there were 199 lost time claims submitted by employees in the mining industry and of those claims, the overall average days lost within three months was 19.5 days (“By the Numbers: 2017 Statistical Report,” 2019).

1.1.4 Occupational Health and Safety

The Ontario Ministry of Labor has long been involved with occupational health and safety system. The occupational health and safety system works to ensure that its policies and procedures are always up to date according to the Ontario Ministry of Labour (“Ontario Ministry of Labour,” 2018). In 1886, the first Workmen’s Compensation for Injuries Act in Canada was established as a

mechanism in which a worker could take legal action against an employer for a workplace injury (“Ontario Ministry of Labour,” 2018). Following the creation of this Act, several acts exclusive to the mining industry were created and included both the Mining Operations Act (1890) and the Mining Act (1912) (“Ontario Ministry of Labour,” 2018). The occupational health and safety system is comprised of several organizations such as the Workplace Safety and Insurance Appeals Tribunal (WSIAT) and Workplace Safety and Insurance Board (WSIB) who act as the major contributors (“Ontario Ministry of Labour,” 2018).

The Ontario Ministry of Labour was established in 1919, and its mission is to advance safe and fair workplace practices that were essential to the social and economic well-being of the people in Ontario (“Ontario Ministry of Labour,” 2018). The Workplace Safety and Insurance Board works for both the worker and the employer and provides loss of earnings benefits for workers and no fault collective liability insurance for employers (“WSIB,” 2019). The Workplace Safety and Insurance Appeals Tribunal (WSIAT) was established in 1985 and is separate and independent from the Workplace Safety and Insurance Board (“Workplace Safety and Insurance Appeals Tribunal - Ontario,” 2018).

1.1.5 Workplace Safety and Insurance Board Claim Filing Process – Injured Worker

When a worker sustains a workplace injury, there are several steps involved with reporting the injury (Appendix F). As outlined by the Workplace Safety and Insurance Board, if a worker is injured at work the first step is to seek medical attention (“WSIB,” 2019). Dependent on the scope of the injury, a worker is assessed at the worksite, by a family physician, or in the emergency department. Immediate reporting of an injury to a supervisor occurs so that the process of investigating and documenting an injury can take place. The injured worker completes and submits a Form 6 to the Workplace Safety and Insurance Board. Form 6 includes worker information;

employer information; accident/illness information; healthcare information; employment information; and return-to-work information (“WSIB,” 2019). The employer submits a Form 7 directly to the Workplace Safety and Insurance Board within three days of the injury. Form 7 contains information about the worker; the employer; the date and details of the accident/illness; and the worker’s wage/employment information. A copy of this report is provided to the worker. The health-care professional is responsible for completing a Form 8 when an injured worker presents with a workplace injury (“WSIB,” 2019). Form 8 includes patient and employer information; incident dates and details; clinical information; and a treatment plan. Additionally, health-care professionals can be asked to complete the functional abilities form (FAF) as a method of providing further information that can assist in a return-to-work plan and help to identify the tasks an injured worker can or cannot perform safely (“WSIB,” 2019).

Once all the initial information has been submitted to the Workplace Safety and Insurance Board, an injured worker should receive either a positive acceptance of their claim or a denial of their claim by a letter received in the mail. If a claim is denied, there are several steps involved with objecting to the decision. It then becomes the injured worker’s responsibility to complete the intent to object form and once a decision is reached it is delivered to the worker within 14 business days (“WSIB,” 2019). If the original denial of the claim stands, the injured worker is provided with a copy of the claim file, an appeals readiness form, and the instruction sheet to assist with the completion of the form (“WSIB,” 2019). If a denial of the claim persists, the injured worker can start the formal appeal process, register the appeal, and proceed with an oral hearing. At the oral hearing, an Appeals Resolution Officer (ARO) hears the case and becomes responsible for making a decision based on the facts presented along with previous case file information (“WSIB,” 2019). Unfortunately, decisions are not made at the oral hearing, and the injured worker has to wait another 30 days for a decision from the ARO and a decision made by the ARO is final. However, if

the worker disagrees with the decision, the worker can proceed with an appeal to the Workplace Safety and Insurance Appeals Tribunal (WSIAT). The WSIAT is external to the Workplace Safety and Insurance Board and is considered the final level of appeal for an injured worker. The decision of the WSIAT is final, and no further steps can be taken (“Workplace Safety and Insurance Appeals Tribunal - Ontario,” 2018).

1.1.6 The Compensation Experience

Trief and Donelson (1995) observed that injured workers are at higher risk for additional stressors such as social labeling biases by physicians and adjudicators involved with the compensation process. A qualitative descriptive research study conducted by these researchers revealed that both the physician and adjudicator involved in a compensation case believed that workers with a compensation claim were intentionally defrauding the system. Tarasuk and Eakin (1995) further noted that workers who experienced back pain or a back injury were at a higher risk for suspected abuse or fraud when submitting a compensation claim. They also pointed out that the process of completing forms, attending ongoing appointments, and the return-to-work process significantly increased stress for injured workers.

1.1.7 Workers Challenges with the Compensation Process

Trief and Donelson (1995) found that when a worker was injured, they typically sought two key outcomes when accessing the compensation program, specifically, timely treatment by physicians and financial protection by the compensation system. However, both of these expectations were subject to various potential barriers that included the establishment of an injury as a work-related injury, delays in payment due to incorrect completion of forms, and disputes over the amount of the disability payment. Furthermore, all of these barriers could further exacerbate psychosocial,

financial, and physical symptoms in an injured worker.

Tarasuk and Eakin (1995) indicated that workers who suffered from a back injury felt that they struggled to legitimize their injury with employers, co-workers, the compensation board, and health-care professionals. Beardwood et al. (2005) noted that the struggling to legitimize an injury evoked feelings of isolation and a handcuffed dependency on a bureaucratic process, along with a sense of powerlessness within the worker. Trief and Donelson (1995) found that the complicated compensation process along with slow financial payments increased fear within an injured worker, leading to inaccurate claim reporting and slow physical improvement. Inaccurate reporting by a worker could stem from anticipated lowered monetary payments by the compensation office, coupled with the fear of not being able to fully return to their pre-injury work-related duties in a timely manner. Furthermore, these fears led to increased financial stress, specifically when the worker identified as the sole family provider and they found themselves in a financially vulnerable situation (Friesen, 2010). Trief and Donelson (1995) observed that workers who thought they needed to prove the legitimacy of an injury felt that they were not only victims of the compensation process, but also victims of a workplace that never fully re-assimilated workers back into the workplace. Furthermore, workers who were concerned about their inability to return-to-work faced emotions of diminished self-worth, marital, and family stress, and were at an increased risk for depression and substance abuse (Trief & Donelson, 1995).

Roberts-Yates (2003) conducted a qualitative descriptive study with 48 participants as a method of examining challenges faced by injured workers who registered as claimants with Workers Compensation. Workers in this study were employed by a mining company in Australia. The study utilized face to face, in-depth interviews, and the inclusion criteria for the participants included a work-related injury and involvement with the compensation system. The workers believed that the

compensation process was too rigid and focused mostly on the impact of costs associated with an injury versus the individual worker. The study also highlighted the need for workers to justify their illness, identified fears of losing jobs due to an illness, a loss of social contacts by an injured worker, and a strained relationship with medical professionals (Roberts-Yates, 2003). Workers required greater knowledge about the compensation process, a better understanding about their medical rights, and timely access to information allowing them to make informed choices about their medical injury and the compensation claim process (Roberts-Yates, 2003). Roberts-Yates (2003) recommended the promotion of individual workers' rights and enhanced policy and practices associated with the workers' compensation system.

Case managers and administrators involved with the compensation process play a vital role in reviewing and processing claims. Beales, Mitchell, Pole, and Weir (2016) conducted a single arm intervention study that included 32 insurance workers who were employed with the Australian workers' compensation system. The workers underwent two, one and half hour educational sessions as a method of improving their understanding of the barriers associated with an injured worker who suffered from musculoskeletal conditions (Beales et al., 2016). The authors found that informed education could have a positive effect on the behavior of the insurance workers thus enhancing the experience of an injured worker and the compensation claim process. Beales et al. (2016) noted that while the employees at the compensation board were only one aspect of an injured workers journey, providing education that enhanced communication between workers and other stakeholders involved with the compensation claim could have a positive impact on return-to-work outcomes and decrease claims costs.

1.1.8 Coping with an injury

Carroll, Rothe, and Ozegovic (2013) conducted a phenomenological study in Edmonton, Alberta,

that aimed to assess how injured workers understood and perceived what it meant to cope with a work-related injury. Thirteen participants, ten males and three females, were recruited from a private rehabilitation clinic. The participants had a musculoskeletal work-related injury that occurred within a three-month timeframe from the start of the study and were involved with the compensation system. The results revealed two central conceptualizations about the concept of coping, including life-changing attitudes and behavioral strategies for dealing with pain. Additionally, it was revealed that coping with pain was a complex process that could not be isolated or separated from other aspects of an injured workers life. The transactional model of stress defined coping as a process of persistent efforts to manage stressors including, both external and internal demands which were taxing the resources of the individual (Carroll et al., 2013). The strengths of the study included the approach to conducting the research study and participants who were representative of the target population. One limitation of this study was the small participant sample that limited the transferability of findings. Further research in this area using a mixed methods approach could provide a richer and broader understanding of the concept of coping with pain (Carroll et al., 2013).

1.1.9 Return-to-work Process

Soklaridis, Ammendolia, and Cassidy (2010) noted that personal and occupational psychosocial variables played a more important role in return-to-work beyond the physical injuries of a worker. They conducted a grounded theory study was used to understand further the psychosocial variables of workers with lower back pain who were involved with the return-to-work process. The data were collected using nine focus groups comprised of injured workers, employers, unions, medical staff, and members of the Workplace Safety and Insurance Board in Ontario, Canada. This study revealed two main themes and several sub-themes. These included the culture of a community and

how it could negatively impact the return-to-work process, and how the compensation process, healthcare, and workplace system could affect the return-to-work process (Soklaridis et al., 2010). Additionally, workers with a back injury faced suspicion from employers, administrators of the compensation claim, and medical staff. Finally, injured workers stated that economic hardships and a fear of being unable to return-to-work in their previous capacity were relevant concerns (Soklaridis et al., 2010). The authors suggested further research to understand better the communication process between all those involved with an injured worker and the return-to-work process. Improved communication could lead to improved teamwork and could help change policies that marginalized injured workers (Soklaridis et al., 2010).

MacEachen, Kosny, and Ferrier (2007) conducted a qualitative descriptive interview-based study to understand further how the return-to-work process for an injured worker was embedded in broader personal and social relationships and could act as both positive and negative return-to-work functions at the individual and policy level. Specifically, within this study, peer support groups were examined for how they fit into the broader social and policy trends of self-reliance and self-help (MacEachen et al., 2007). Furthermore, peer support groups were examined as a method of understanding how they related to situations that prompted support seeking by an injured worker, personal advocacy, social support, and procedural support (MacEachen et al., 2007). The authors noted that injured workers relied on peer support groups in situations where they felt they were misunderstood by their families, concerned that their compensation benefits were going to be cut off, or because they had been deemed non-compliant with the compensation regulations (MacEachen et al., 2007). Some common themes identified from the study included workers who felt that they fell through the cracks of the system and feelings of powerlessness because they could not legitimize their claim with the case managers (MacEachen et al., 2007). The authors also observed that the workers felt like they were being punished for sustaining an injury and had

feelings of anger and depression because they felt alienated from former sources of support including their families (MacEachen et al., 2007). MacEachen et al. (2007) indicated that injured workers sought out peer support groups for understanding, support, and validity of their injury. Another theme that arose from the study was the critical role of peer support with personal advocacy. Within this study injured workers cited that peer support group members acted as allies who had an intimate knowledge of the compensation system and proved invaluable when navigating rules and regulations (MacEachen et al., 2007). MacEachen et al. (2007) found that injured workers suffered an increased personal loss, stress and strain in family relationships, and financial hardship. Furthermore, the findings from the study showed that peer support groups enhanced the return-to-work process and reduced anxieties associated with the compensation process (MacEachen et al., 2007). Further studies were recommended by the authors that could enhance the understanding of the return-to-work process and the compensation experience from both an individual and structural level (MacEachen et al., 2007).

1.1.10 Literature Review Summary

In reviewing the literature, there was little investigation about the importance, and relevance, of connecting impacts of the worker, an injury, and the compensation claim process experience as a whole study. Therefore, further research is required in the area of an injured worker who has suffered from an acute or chronic lower back injury and is involved with the compensation claim process experience. Beardwood et al. (2005) noted that there was limited research on the workers' perceptions and experiences of the compensation claim process. Specifically, further research that focuses on all workers with a lower back injury and the financial, social, mental, and emotional impacts on activities of daily living and living with pain perspectives should be addressed.

The purpose of this study was to describe in detail, the impact of a lower back injury and the

compensation claim process experience with some male underground workers in Sudbury, Ontario. Additionally, this research study could help to promote positive change in policies and practices with agencies that support workplace health and safety such as the Workplace Safety and Insurance Board.

1.2 Reflexivity

Born and raised in the Sudbury community, I am the daughter of an underground worker who suffered an injury in the workplace. Thus, I had a first-hand experience of how these injuries could impact all aspects of an injured worker's life. I was acutely aware of the financial challenges that my family faced, along with the emotional, physical, occupational, and social factors that impacted not only my father but the entire family. With a first-hand account of these challenges and, as a lifelong resident of Sudbury, I aim to bring forward a better understanding of the impact of a lower back injury and the compensation claim process experience expressed by some male underground workers in Sudbury, Ontario.

Trief and Donelson (1995) indicated that there were many effects associated with occupational injuries including, but not limited to, social, emotional, financial, and occupational implications that could significantly affect an injured worker's recovery. As an individual who faced personal tragedy, I believe that I have developed an acute awareness of the impact of suffering. I am hopeful that my inner strength, resilience, and determination will provide me with a deeper understanding and empathy for how participants maneuver through their challenges as a result of a workplace injury. This research study could enhance employers and employees understanding about the complicated, unique, and varied difficulties that are involved with a workplace injury and the compensation claim process.

Taylor, Francis, and Corporation (2013) indicated that qualitative research is described as a way for a researcher to investigate human conditions. Furthermore, this allows for an exploration of the meaning of human experiences and leads to increased awareness. They noted that people use language to communicate meanings, therefore, words and language become central tools for generating and validating knowledge in qualitative research. They revealed that qualitative research had become the choice of conducting research in many disciplines including psychology, sociology, feminism, cultural studies, and human kinetics.

Berger (2015) indicated that the use of reflexivity in qualitative research has increasingly become recognized as an essential approach in the process of generating and gathering knowledge through qualitative research. Furthermore, reflexivity was referred to as a process of continual internal dialogue and critical self-evaluation of a researcher's position within the research being conducted (Berger, 2015). Additionally, depending on how a researcher positions themselves, there could be an impact on the research process and the intended outcomes of the research. Finally, reflexivity acts as a method of enhancing the credibility of the research findings by accounting for the researchers' values, beliefs, knowledge, and biases (Berger, 2015).

Berger (2015) noted that it is essential to recognize that situatedness or positioning could affect the individuals being studied, the setting in which the research is conducted, the questions that are formulated to generate knowledge, and finally, the interpretation of that data. Berger (2015) revealed that the relevant characteristics of a researcher's positioning include gender, race, sexual orientation, immigration status, personal experiences, beliefs, biases, theoretical stances, and emotional responses to participants involved with the research.

Ensuring space was made for the participant's identities and voices, I remained self-reflective, incorporated the use of journaling along all steps of the research, and provided an empathetic and

compassionate view towards the participant's stories. An in-depth, self-reflection of my own identities, fostered a greater understanding of how these identities were incorporated into the research. A strong awareness of my own identities and how they had shaped me allowed me to bring forward participant voices in a respectful manner.

With a recognition that each participant's account of their injury was different, based on their gender, cultural beliefs, and formed identities, I was cognizant to withhold any judgment on how, and why, the participants were challenged with dealing with the many impacts (e.g., social, emotional, financial, and occupational) that resulted from an injury and the compensation claim process.

In conclusion, I believe that a self-reflective view and a deeper understanding of my own identities allowed me to situate myself within the research in a way that minimized any consequences that could impact the collection and interpretation of the data. Finally, a constant check and balance of my methods, such as journaling and reflexivity, allowed space in the research study for the participant's voices and their own identities.

1.3 Theoretical Framework

The theoretical framework incorporated into this research is social constructionism with an ontological relativist approach (Crotty, 2015). Crotty (2015) indicated that this approach considers how individuals seek an understanding of the world in which they live and work. Furthermore, this theoretical framework allows for participants' validation of their lived and similar experiences. Additionally, a social constructionist viewpoint does not discount the validity of a participant's story as their experiences are based on their own lived experiences and not on expert knowledge (Crotty, 2015). Crotty (2015) noted that the findings and outcomes by participants are qualified in words about relativistic statements about human experiences and provide meaningful insights into

experiential possibilities. Furthermore, one of the goals of this type of research was to rely as much as possible on the participants' views of their situation. Finally, this approach allows an inductively developed theory that uses broad and general questions allowing participants to construct the meaning of their situation (Crotty, 2015). A social constructionism approach allowed me to recognize how my background could position me within the research and also acknowledged that my personal, cultural, and historical experiences could impact the research study.

Crotty (2015) indicated that a social constructionist approach allows for an ontology that supports multiple realities that are constructed through individual lived experiences and interactions.

Furthermore, social constructivism illustrates how individuals seek an understanding of the world in which they live and work and develop subjective meanings of their experiences (Crotty, 2015).

Additionally, a social constructionist approach allows the researcher and the participant to work together to co-construct the information presented and throughout the process, the participant is respected, and their values are honored.

The ecological systems theoretical model was also used to further understand the themes that arose from this research study (Johnson, 2008). The ecological systems theory was developed by Urie Bronfenbrenner and focuses on the quality and context of an individual's life in a system of relationships that form his/her environment (Rosa & Tudge, 2013). The ecological systems theoretical model is comprised of five socially organized subsystems, and within each system, there are bi-directional influences that suggest there is an impact in two directions, both away and towards the individual (Johnson, 2008). The subsystems include the microsystem, mesosystem, exosystem, and macrosystem (Johnson, 2008).

The microsystem is considered to be the layer closest to the individual and encompasses relationships and interactions with an individual's immediate surroundings which include family,

friends, work, and neighborhoods (Johnson, 2008).

The mesosystem connects two or more systems and provides the connection between the structures of the microsystem (Johnson, 2008). This system is classified as a system of microsystems that provides linkages and processes between the individual and the relationships within the microsystem (Johnson, 2008).

The exosystem is described as a larger social system in which an individual does not directly function in (Johnson, 2008). However, the structures that comprise this layer impact an individual by interacting with structures within the microsystem (Johnson, 2008). Structures such as work environment can be empowering (supportive co-workers or supervisors) or can be degrading (excessive stress from the work environment impacting the entire family) (Johnson, 2008).

The macrosystem is comprised of cultural values, customs, and laws and can be described as the cultural or social context of various societal groups (Johnson, 2008). This layer has a cascading effect throughout the interactions of all other layers (Johnson, 2008). This layer is considered influential on what, how, when, and where individuals carry out relations (Johnson, 2008).

Therefore, if an individual is empowered by the compensation process, a reduction in stress not only upon the injured worker but also on their families can be felt (Johnson, 2008). However, in contrast, if an individual is feeling disempowered by compensation, the ripple effect can be felt throughout the entirety of the systems including family, friends, and co-workers (Johnson, 2008).

1.4 Research Question

This study aimed to determine the impact of a lower back injury and the compensation claim process experience for some male underground workers in Sudbury, Ontario.

1.5 Methods

1.5.1 Study Design

A qualitative descriptive study design was used for this study. Sandelowski (2000) indicated that the use of a qualitative descriptive study design in health research allows individuals to explain how they feel about a specific event or issue. Lambert and Lambert (2012) noted that qualitative descriptive studies tend to draw from naturalistic inquiry, which purports a commitment to studying something in its natural state. Additionally, a qualitative descriptive study has no pre-selection of study variables, no manipulation of variables, and no prior commitment to any one theoretical view of a target phenomenon (Lambert & Lambert, 2012). Therefore, the intended setting design and purposeful sampling used for this research align well with a qualitative descriptive design (Lambert & Lambert, 2012). Finally, the use of thematic analysis in qualitative descriptive studies is considered a common method for gathering and analyzing broad and rich data (Sandelowski, 2000).

Sandelowski (2000) indicated that one of the strengths of a qualitative descriptive design is that it allows discoveries of the “who, what, and where” of events or experiences through individual face to face interviews using open-ended questions. Furthermore, a qualitative descriptive design allows for a flexible and illustrative writing style (Colorafi & Evans, 2016). One of the disadvantages of this study design is the potential for bias, such as sampling bias, recall bias, or response bias (Sandelowski, 2000).

Inductive, in-depth, in-person interviews were conducted using open-ended interview questions. Fifteen participants were the target number for participation in the study and included male underground workers in Sudbury who had a lower back injury and who were, or had been, involved with compensation for their injury.

1.5.2 Ethical Considerations

An expedited research ethics application was submitted to the Laurentian Ethic Review Board upon successful defense of the proposal. An ethical examination of my role as the primary researcher allowed for respectful relationships with the participants without stereotyping or the use of inappropriate labels (Creswell, 2013). Considerations were made to ensure that the participant voices were acknowledged and that a reflexive position was described and written into the study (Creswell, 2013).

Careful consideration was taken to minimize any power imbalance and participant risk during the research process by selecting a research site that did not have a vested interest in the outcome of the research findings (Creswell, 2013). Participants were informed of the general purpose of the study, advised that participating in the study was on a volunteer basis, and provided with a consent form to sign (Appendix A). Participants were instructed that they did not have to sign the consent form and could withdraw from the study at any time without any consequences (Creswell, 2013).

Furthermore, a disclosure of any conflict of interest due to funding was reported. Finally, copies of the study were provided to the participants as a method of sharing the results.

1.5.3 Setting

Ensuring the research setting selected was in alignment with a qualitative descriptive framework, this research study was conducted in a natural setting that was sensitive to the people and places under study (Sandelowski, 2000). The interviews were conducted in person at the local mining union hall in Sudbury or at a mutually agreed upon setting (e.g., researcher office) in which the participants and the researcher felt comfortable.

The study took place in Sudbury, Ontario, the largest small urban city in Northern Ontario with a

current population of 161, 531 (“Greater Sudbury,” 2018). Sudbury is classified as a small urban community that employs over 6,000 employees in the minerals industry (“Greater Sudbury,” 2018). Sudbury is considered a world leader in the nickel mining industry and is home to two major mining companies which ultimately helped to shape the history of Sudbury (“Greater Sudbury,” 2018).

1.5.4 Sampling

The recruitment strategy used for this research study was purposeful sampling as it was a suggested method of sampling for qualitative research (Sandelowski, 2000). This method of sampling allowed for participant recruitment that provided information-rich data for the purpose of saturating the data for the study (Sandelowski, 2000).

Targeted participants included male underground workers from Sudbury, Ontario, who were identified through the union as having a lower back injury and were, or had been, involved with the Workplace Safety and Insurance Board for their injury. Participants were recruited to participate in the research study utilizing the existing United Steelworkers of America Local 6500 database (“USW Local 6500 – Sudbury Ontario” 2018). The union database contains worker demographics and injury-related information about employees who are employed at various mines in the Sudbury region. A participation letter (Appendix B) was developed and provided to a Compensation Officer at the Local 6500 Union Hall for dissemination to potential participants who fulfilled the study criteria. Participants who met the criteria after a search in the database received the participation letter and a union support letter (Appendix E) in the mail.

Participants were provided with the work phone number and email address of the researcher. The union Compensation Officer was unaware of who opted to either participate or not participate in

the research study. Participants who could not give written or verbal consent were excluded from the sample due to a lack of cognitive abilities. Free and informed written consent was obtained from participants before commencing research (Appendix A). Participants were advised that they could withdraw from the study at any given time, for any reason, and without penalty. Participants were provided with twenty dollars in cash at the beginning of the interview.

1.5.5 Questions/Instruments/Data Collection

Participants who consented to participate in the study were asked open-ended and semi-structured interview questions with additional probes when required (Appendix C). The interviews were conducted in person and lasted about 90 minutes. The timing of the interviews was determined by the extent of sharing by each participant.

A handwritten journal of notes was kept by the researcher and included thoughts and feelings that were evoked during each interview session. This journal helped to reduce any unintended biases that could have unintentionally been introduced into the results of the research (Finlay, 2002).

Finlay (2002) indicated that a handwritten journal is a key component of qualitative research and serves as a method of enriching the overall study design by providing a documented account of any biases or preconceptions that could negatively impact the findings. Furthermore, journaling and reflexivity add value and credibility to the research study (Finlay, 2002).

Finally, with a recognition that the interviews could evoke emotional responses in the participants, a document with contact information for local mental health support agencies was provided to the participants (Appendix D). Acting in a supportive manner allowed the participants to feel comfortable sharing their stories. Berger (2015) indicated that sharing similar experiences with participants will enable them to feel connected to the researcher. However, it was noted that it is

essential to ensure that the researchers' identities, beliefs, and values are not projected into the research. Researcher experiences should be carefully examined ensuring they do not act as a detrimental method of blocking the participant voices (Berger, 2015). As an additional method of providing the participant's space in the research study, a clear indication of the purpose for undertaking the research was discussed. Berger (2015) found that allowing for an open, honest, and collaborative interview process with participants enables them to feel valued in the research process.

1.5.6 Data Management

All interview data were digitally audio-recorded, collected, housed, and locked at both the researcher's home and Laurentian University ensuring the privacy and confidentiality of the participant information. Physical safeguards for the data included locked filing cabinets only accessible by the researcher and a computer containing the research data that was located away from public areas. Computer passwords, firewalls, and anti-virus software were used to protect the data from unauthorized viewers. All the data stored on computers and laptops during the research were locked at the researcher's home, and then were further stored in Dr. N. Lightfoot's office, at the School of Rural and Northern Health upon completion of the research.

The primary researcher transcribed verbatim from the digital audio recordings and journal notes and de-identified participants at the time of transcription by removing any participant identifiers.

1.5.7 Data Analysis

Data analysis was conducted using an inductive approach aligning this process with the theoretical framework of the research study (Braun & Clarke, 2006). Braun and Clark (2006) revealed that an inductive approach allows for a bottom-up approach to data coding and analysis (Braun & Clark,

2006). Furthermore, this approach enables emerging themes to be derived from the data and analyzed for relationships using thematic analysis. The data were coded for possible themes and kept secure throughout the entirety of the life cycle of the research project which included the collection, use, dissemination, retention, and/or disposal.

According to Braun and Clarke (2006) thematic analysis is an established, flexible, and accessible qualitative method of analyzing data. Braun and Clarke's (2006) thematic analysis consists of six phases: 1) familiarizing yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing potential themes, 5) defining and naming themes, and finally, 6) producing the report. Therefore, familiarization with the data occurred by transcribing verbatim and reading and re-reading the transcriptions. Once familiarization had taken place, and an initial list of ideas was created, the production of the initial codes was started. The codes were organized into meaningful groups. Coding was done manually by working systematically through the entire data set. After the initial interview was conducted, Dr. Nancy Lightfoot also coded the interview. Upon completion of coding, potential themes were identified and sorted using tables. Themes and subthemes were then identified for significance. Reviewing the themes in the next stage helped to further determine if there was enough data to support themes. The fifth stage involved defining and naming themes through identification of the essence of what each theme was about. A theme captured the importance of the data as it related to the research question and represented meaning within the data set. It was essential to ensure that all the identified themes had sufficient depth and detail to convey the richness and complexity of the data. The themes were then reviewed as a method of quality checking. This was accomplished by checking emerged themes against the entire data set ensuring the themes worked with the research question.

1.5.8 Validation and Limitations

To ensure the trustworthiness, credibility, dependability, transferability, and application of the findings, all transcripts were read and re-read (Colorafi & Evans, 2016). Berger (2015) indicated that reflexivity and addressing biases enhance the trustworthiness and objectivity of a research study. Colorafi and Evans (2016) noted that dependability is achieved by using consistent procedures across all participant interviews such as consistency in data collection (e.g., using the same interview questions in the same order) and clearly describing the researcher role within the study. Credibility is achieved by providing thick and rich data that is believable from the perspective of the participants in the research study. Additionally, transferability is accomplished by thoroughly describing the characteristics of the participants so that comparison with other groups can be made

Some limitations of this study include the possibility of participant selection bias, participant recall bias, and researcher bias. Furthermore, with a small participant sample, the outcomes of the study may not be transferable.

1.6 Overview of Thesis Outline

This thesis consists of four chapters. Chapter 1 includes an introduction, background, reflexivity, literature review, theoretical framework, and a brief discussion about the methods used for this study. Chapters 2 and 3 consists of two papers that discuss the outcomes of the study. Chapter 4 consists of a summary of literature findings, the theoretical framework, the study strengths and limitations, implications for the future, and finally, concluding thoughts.

Chapter 2: Mining-related Lower Back Injuries and the Compensation Process: An Injured Worker's Journey

Sherry Mongeau, B.A., Nancy Lightfoot, B.Sc., M.Sc., Ph.D., Leigh MacEwan, D. Phil. R.S.W.

Tammy Eger, B.Sc., B.P.H.E. M.Sc., Ph.D.

Laurentian University

ABSTRACT

In Ontario, when an injury occurs at work, there is often a need to interact with multiple organizations including the Workplace Safety and Insurance Board (WSIB) to access services and prepare and submit compensation claims. During the compensation process workers could experience economic, social, and mental health-related issues that can impact their overall well-being. This qualitative descriptive study aimed to determine the impact of a lower back injury and the Workplace Safety and Insurance Board claim process experience expressed by some male underground workers in Sudbury, Ontario, Canada. Twelve male participants were interviewed. The results of this study emphasized the need for improved communication and the necessity for resources to be allocated to enhance public discussion about injury prevention. The results also raised awareness about the social and economic burden that underground workers and their families face, and power imbalances between injured underground workers and the companies that were meant to support them.

Keywords: Injury, mining, compensation, qualitative descriptive

Introduction

Cacciacarro and Kirsh (2006) noted that risks and hazards associated with working in the minerals industry were not limited to physical injury, but also include biological, psychosocial, and ergonomic hazards. When an injury occurs, there is usually a need to work with a variety of organizations to access services and prepare and submit compensation claims. Cacciacarro and Kirsh (2006) noted that this process proves tiresome and causes workers to struggle, not only with physical recovery, but also economic, social, and mental health-related issues that can impact the overall well-being of an injured worker.

In Ontario, mining and mineral processing is one of the leading industries that provides many individuals with the opportunity to access employment opportunities that contribute to economic sustainability (“Economic Contribution,” 2019). In Ontario, the minerals industry, directly and indirectly, has created over 78,000 employment opportunities since 2015 (“Economic Contribution,” 2019). Donoghue (2004) indicated that there is a need for increased awareness of how Ontario’s safety-focused organizations are best positioned to assist and protect an injured worker. Donoghue also identified a critical need for further improvement to prevent injury, and to support an injured worker, as they work towards recovery and eventual workplace reintegration. Despite increased safety awareness and a recognition of the importance of adhering to safety guidelines in the mining industry, the incidence of injuries is higher compared to other industries, such as pulp and paper and the electrical industry (“By the Numbers: 2017 Statistical Report,” 2019.). As outlined in 2017 by the Workplace Safety and Insurance Board (“By the Numbers: 2017 Statistical Report”, 2019), the mining industry had 0.7% lost time injuries or illnesses per year, compared to the pulp and paper industry, that had 0.51% lost time, and the electrical industry, that had 0.43%. In 2017, 17% of all high impact claims submitted were for back injuries, compared to 6% for shoulder injuries, and 7% for fractures (“By the Numbers: 2017 Statistical Report,” 2019).

A social constructionist approach was used as the theoretical framework for this study. This framework allows the participants to provide meaningful insights about their situations (Crotty, 2015). Additionally, the ecological systems theory was used as a second theoretical framework to assist in understanding the themes that arose from this study (Johnson, 2008). The theory was developed by Urie Bronfenbrenner and focuses on the quality and context of an individual’s life in a system of relationships that form his/her environment. It also helps to understand bi-directional influences that suggest there is an impact in two directions, both away and towards the individual

(Johnson, 2008).

Methods

Ethics approval was received from the Laurentian University Research Ethics Board #6013934.

A total of 12 in-depth, in-person, individual, semi-structured interviews were conducted with male underground workers who sustained a lower back injury while employed in the mining industry and who were also involved with the compensation claim process. Participants provided written informed consent and received twenty dollars in cash at the interview commencement.

This study was conducted in Sudbury, Ontario. Data collected were transcribed verbatim and anonymized at the time of transcription. Thematic analysis, to identify patterns or themes, in the qualitative interviews, was undertaken by two research team members following the steps outlined by Braun and Clarke (2006). The steps included: 1) familiarizing yourself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing potential themes, and 5) defining and naming themes. Two research team members achieved consensus using samples of coding.

Sample and Setting

The recruitment strategy used for this study was purposeful sampling (Sandelowski, 2000). Sandelowski (2000) indicated that this method of sampling allows for participant recruitment that provides information-rich data for the purpose of saturating the data for the study. Targeted participants were identified through a Sudbury-based union as having a lower back injury and were, or had been, involved with the Ontario Workers Safety and Insurance Board for their injury. Participants were recruited using the existing United Steelworkers of America Local 6500 database (“Who We Are – USW Local 6500,” 2019). A participation letter was developed by the research team and provided to a Compensation Officer at the Local 6500 Union Hall. The participation

letter and a union support letter were mailed to participants who met the criteria of the research study. A search within the union database revealed 44 participants who met the criteria for the research study. Participants were provided with the work phone number and email address of the lead researcher. The Compensation Officer did not know who opted to participate or not participate in the research study. Participants who could not give written or verbal consent were excluded from the sample due to a lack of cognitive abilities. Free and informed written consent was obtained from participants before commencing research. Participants were advised that they could withdraw from the study at any given time, for any reason, and without penalty.

Data Collection and Analysis

Participants who consented to participate in the study were asked semi-structured and open-ended interview questions with additional probes when required. Qualitative interviews with underground workers focused on: underground worker's experiences working in the mining industry; the impacts of the injury; underground worker's experiences with the compensation claim process; family experiences as a result of the injury and the compensation claim process; the impact on family finances due to the injury; suggestions for other injured workers; and demographic information. The interviews were conducted in person and lasted about 90 minutes. The interviews were conducted at the local union hall or at a mutually agreed upon location (e.g., researcher office). The timing of the interviews was determined by the extent of sharing by each participant. All interviews were recorded, transcribed verbatim, and anonymized at the time of transcription. Data analysis followed Braun and Clarke's (2006) guidelines for thematic analysis. Codes were derived from a line by line analysis of each participant transcript, and upon coding completion, themes were identified. Two members of the research team compared results for themes for one interview.

To ensure the trustworthiness, credibility, dependability, transferability, and application of the findings, all transcripts were read and re-read (Colorafi & Evans, 2016). Berger (2015) indicated that reflexivity and addressing biases enhances the trustworthiness and objectivity of a research study. Colorafi and Evans (2016) noted that dependability is achieved by using consistent procedures across all participant interviews such as consistency in data collection (e.g., using the same interview questions in the same order) and clearly describing the researcher role within the study. Furthermore, credibility is achieved by providing thick and rich data that is believable from the perspective of the participants in the research study. Additionally, transferability was accomplished by thoroughly describing the characteristics of the participants so that comparison with other groups could be made.

Results

Participants in this study were between 42 and 88 years of age (mean of 58), had a mean average of 23.25 years of employment in the mining industry and had levels of education that ranged between grades 7 to some college (median grade 10).

Participants described in-depth the implications of their lower back injuries and their experiences with the compensation claim process which revealed overarching themes that included: 1) extreme financial hardship, 2) compromised family relationships, 3) feelings of depression, 4) concern with unsafe work environments, 5) punishment for injured workers, 6) feelings of employer denial of illness and compensation, and 7) a tough fight for compensation. Themes arose using an inductive approach to data collection and repetitions and similarities that were found in the transcriptions. Finally, interrater reliability added to the validity of the themes.

Extreme Financial Hardship: During the interviews, the participants involved with this study

provided moving stories about the significant financial hardships they endured while working through a lower back injury and the compensation claim process. They said that the complicated process of filing a compensation claim, awaiting financial support, and dealing with the employer often left them without any money for months. Sudbury Worker 10 recounted:

“I was on social assistance, I lost all my credit, and I had no money. I lost my van, and I had to buy an old car, and I had no money to get insurance. Man, they did everything they could to break me, but they didn’t break me, I fought, thank god I had the family I had.”

Overall, the participants who were involved with this study suffered some form of financial hardship, while maneuvering through the complicated process of trying to obtain financial compensation from the compensation office. The financial losses were seen in the form of no compensation payment, delayed compensation payments, and bankruptcy. When participants finally received some form of financial compensation, they felt that the monetary payment did not cover the full loss of income they had endured. Some participants only received a non-economic loss payment from compensation for their loss of work time and lower back injury. A non-economic loss benefit is paid by the Workplace Safety and Insurance Board in Ontario. This benefit is paid to an injured worker who has an ongoing impairment after the work-related injury or illness was not expected to improve or reached the maximum medical recovery date (“WSIB,” 2019). Sudbury Worker 2 stated:

“I got a Non-Economic Loss which was 3000 dollars, and that was nothing for my back injury. That doesn’t cover anything, 3000 dollars is nothing, but they say take it or leave it and go on with your business.”

Participants who lost income because their claim was denied, or because their eligibility was not

recognized for the full period of their disability, expressed many negative emotions including anxiety over the inability to make payments for their homes or vehicles, and even suffered humiliation when they had to resort to asking parents or friends to help support them. Sudbury Worker 3 indicated:

“My family helped me, well my dad. I moved out of my house to move into his house because he was moving, so he said live at my house and don’t pay rent, but when you get paid and when you have money just give me a little bit at a time. I understood that because he was paying hydro and everything too and I didn’t want to live for free off him at my age.”

Compromised Family Relationships: Family strain was identified as a significant impact that was associated with struggling with a lower back injury and the compensation claim process experience. Many participants referenced the family dynamic as strained. Sudbury Worker 9 said:

“It was horrible, I was very pain focused and I was in so much pain. It was like being single. I went from being the most involved spouse and parent to being totally focused on pain and work and how was I supposed to do this. They were stressing me out and how was I supposed to pay bills. I became my pain, and I didn’t know who I was without it. I lost friends, and we went through marriage counselling.”

Feelings of being unable to participate in the normal family day to day routines including caring for children, contributing to household responsibilities, or partaking in activities due to physical limitations associated with the back injury were discussed. Participants felt as if they were sitting on the sideline. Sudbury Worker 8 said:

“I could not do anything. I had to hire someone to plow my snow, had to pay someone to

fix my house, and there was a period where I just had to lie in bed. It was a little hard because I am very active and like to do things and I could not play with the kids, could not go snowshoeing and could not go sledding.”

Some participants indicated that the time and energy required to fight for a claim and deal with the pain of the injury became so overwhelming that it strained their ability to maintain a place in their family.

Feelings of Depression: Participants spoke about how their mental health was impacted not only by the physical injury, but the struggle to fight for a compensation claim approval, and also the fight to remain employed in a meaningful way. Some participants suffered from depression and anxiety, were actively treated by a physician who prescribed anti-depressants and were also seen by either a psychiatrist or a psychologist. Sudbury Worker 10 reported:

“I was on anti-depressants, absolutely, seeing a psychologist, psychiatrist, doctors, councilors, specialists, I did everything. The biggest thing that was shared with me was when you have an injury that goes on for so long, either you give up and kill yourself, or you try to move forward.”

Many participants discussed feelings of inadequacy as they were no longer able to perform their regular work duties after their injury. Participants felt that after they returned to work after an injury, they were not valued by the employer or their co-workers. Sudbury Worker 12 stated:

“I went on surface for a year doing nothing, and it was not meaningful work. It was very depressive because you have nothing to do. You sit there for hours and hours, and people go around, and they look at you like you’re faking.”

Unsafe Work Environments: All participants interviewed described the work environment that

an underground worker was subjected to in the mining industry. While the participants interviewed worked at different mine sites across Sudbury, Ontario, it was clear that working underground was associated with many hazards. The environment was described as dark, damp, dirty, dangerous, and unsafe. Sudbury Worker 9 stated:

“It’s still rough. In the longevity of things, the person who worked underground was probably going to get hurt because of long-term exposure to the mining environment. They were going to have problems with their lungs or joints or have back and shoulder problems so it’s not a great environment. As far as I am concerned the money that you make underground is blood money, its blood money, simple as that.”

Participants also shared that not only was the physical working environment challenging but also that the culture was toxic. Sudbury Worker 4 spoke about the environment and stated that the mine “was known to be run like a German camp.” This type of culture fostered feelings of anger and frustration by workers who believed that the employer did not value or respect the worker. Sudbury Worker 5 indicated:

“These guys had no sympathy and they don’t even give you a Christmas card at Christmas. Like that’s low. No respect, no respect. This company they take our muck and bolt and they don’t give a crap about anything else but their muck. The environment is toxic, and my manager doesn’t even acknowledge that I am there.”

Punishment for Injured Workers: Many participants spoke about feeling punished simply because they suffered a workplace injury or filed a compensation claim. Some participants were subjected to formal warnings by their employer after returning to work because they continued to struggle with their injury. Sudbury Worker 4 stated:

“I was on compensation for five or six weeks, and I got money from them. When I went back to work, the employer had a meeting, and they threatened to fire me or give me a step 4. They said they gave me a step 4 for not wearing my seatbelt and they gave me six months no scoop, six months no bonus, but keep training our young guys, so I shook their hand for not firing me.”

Some participants felt uncertainty about their jobs when they eventually returned to work because supervisors would threaten to send them home if they could not perform their duties. Sudbury Worker 6 indicated:

“I had one boss who gave me a hard time. He told me they were going to let me go and I went to see my union. They wanted me gone because I was on modified work and they didn’t want anyone on modified work. My boss was one of those mean ones, and he didn’t care.”

Some of the participants spoke about a stigma that was associated with being an injured worker. The term stigma could be defined as “the occurrence of its components – labelling, stereotyping, separation, status loss, and discrimination” (Link & Phelan, 2001). Sudbury Worker 1 indicated:

“There’s this one boss there, well one guy told me that when I left a meeting after my injury, the boss said check out the big lazy whatever.”

Denial of Illness and Compensation by the Employer: Participants spoke about a lack of recognition of their injury by compensation, the employer, and their co-workers. Many of the participants continued to suffer in pain from their back injury. They felt that they had to legitimize their injury, even though they had been diagnosed or treated for the injury by a health-care professional. Many participants stated that the company did not believe the extent of their injury or

denied that the injury took place at work. Sudbury Worker 4 stated:

“Well you see with the company they always say when you get hurt report it, so you are dammed if you do and dammed if you don’t. So, if you don’t report you get in trouble and if you report it you have a meeting about the incident, and you get in trouble. I worry that my shift boss is going to flip on me and are they going to try and fire me so I don’t know whether to report my injury or not. I am so tired of arguing and I don’t want to argue anymore because I am so burnt out from arguing. It goes against the company when one of the guys gets hurt. I got a step 2 for reporting late injuries, and if you have no witness, you’re in trouble, but as soon as you have a witness you seem to be safe.”

In some instances, the employer advised the injured worker to lie about their injury to maintain their current job status. Sudbury Worker 3 said:

“They wanted me to lie to my doctor saying that there was nothing wrong with me and that I should be going back to work.”

Tough Fight for Compensation: Interviews with the participants revealed that being approved by compensation felt like an uphill battle. Sudbury Worker 9 stated:

“So basically, they shut the door on you for everything. I have six years left and am not giving it up because I want my pension, and I am not giving that up. Compensation makes it very difficult for you and the standard protocol is deny. A system that you pay into your whole life is not about the worker, it is about the company. I also heard that the adjudicators get a bonus for every claim deny they do.”

Injured workers who applied for compensation and were denied, were subjected to delayed access to health-care services such as physiotherapy or a psychologist. Without approval of a claim, those

services were not covered thereby putting the injured worker in the position to pay out of pocket for the services. Participants indicated that they had difficulty with the compensation claim process if they could not access their claim adjudicator. Several participants stated that they would call and leave messages with their claim adjudicator but would have to wait days for a return call. Sudbury Worker 4 reported:

“I would leave my adjudicator messages, and after a month I found out that the adjudicator was gone on holidays for three weeks. You would think that the person who answered the phone would say she was gone on holiday.”

Participants said that no matter how much information they submitted to support their compensation claim, they would receive notification that it was never enough. Sudbury Worker 4 said:

“The adjudicator came in and went through all my paperwork, and when she called me back, she said there wasn’t enough evidence for my claim, even though I had 20 pages of information, so compensation denied my claim.”

While having to complete forms and justify their injury, some workers were also subjected to video surveillance by either compensation or the employer. The surveillance reports occurred in the mid to late ‘90s. No participants reported surveillance in the 2000s. Participants felt that being watched further escalated their fears and led to social isolation. Sudbury Worker 9 indicated:

“I was being watched by compensation and they had investigators on me. They had people videotaping me thinking I was faking and I knew that because when I got my compensation file, it said it in my file. I didn’t want to leave my home because I was worried.”

Even after participants resolved their claim with compensation, they continued to feel the effects of

being watched. Sudbury Worker 1 stated, “I still feel like I am being watched” and at the end of the interview stated, “I felt like maybe you are were a spy. I honestly I thought that.” The lasting impact of being watched was undeniable, and participants continued to suffer the consequences of being treated like a criminal.

Discussion

The themes that arose from this study echoed previous research studies. Gamborg, Elliot, and Curtis (1991) revealed that workers who suffered a workplace injury and submitted a claim with a compensation office often felt like they were caught up in a vicious cycle that provoked depressive feelings, family strain, financial strain, and feelings of diminished self-worth. Overall, the participants in this study indicated that the impact of their injury was devastating across many domains, including physical, family, social, financial, and emotional. Within this study the issue of mistrust and legitimacy of an injury resonated across several interviews. Many participants felt punished by the employer and compensation for sustaining a workplace injury. Tarasuk and Eakin (1995) indicated that even when an injured worker had a documented injury by their physician, and the compensation office approved the claim, they were still subjected to disbelief in the workplace, by both their co-workers and supervisors. Friesen et al. (2001) found that injured workers felt a sense of powerlessness fighting against the “big” companies.

Friesen et al. (2001) noted that injured workers felt that they needed to strictly adhere to the requirements of tests and procedures that were part of the process of attempting to have their compensation claim approved. Soklaridis, Ammendolia, and Cassidy (2010) observed that injured workers feared asking too many questions about their claim because they worried it could cause further delays or place them in a negative light. The participants in this study echoed similar sentiments and felt that if adherence to the compensation rules was not followed, they feared a loss

of benefits or financial compensation. Furthermore, participants found themselves returning to work still suffering from pain associated with an injury because they worried about reprisal in the workplace. Baril, Clarke, Friesen, et al. (2003) revealed that an injured worker did not complain or refuse non-modified work because they felt pressured by management to return-to-work as quickly as possible.

Many participants in this study initially faced denial of their claim by the compensation office. The process was felt to be challenging and unfair to the worker. Roberts-Yates (2003) noted that the compensation claim process lacked a personal touch and the claims adjudicators were not forthright with relevant information that would allow a worker to make informed choices.

Friesen et al. (2001) observed that an injured worker requires more advocacy support throughout the process. Therefore, further education can be provided to the employer, union, and compensation so that they can act as a support system and not deter an injured worker from reporting an injury. Furthermore, improved communication between compensation, the employer, and the union needs to be addressed and supporting documentation should be created that clearly showed the processes that needed to be undertaken by an injured worker when a workplace injury occurs (Friesen et al., 2001). Additionally, resources should be allocated to enhance public discussion about injury prevention, the social, and economic burden that underground workers and their families faced when an occupational injury occurred (Trief & Donelson, 1995).

Soklaridis et al. (2010) noted that the power imbalances between injured underground workers and the companies meant to support them be addressed. In addition, injured workers could be provided with the skills and knowledge required to minimize any power differences (Soklaridis et al., 2010).

The use of a social constructionist framework in this study helped to elicit the rich data that was gathered, and validated participants lived and shared experiences (Crotty, 2015). Additionally, this approach used broad and general questions allowing participants to construct meaning of their situation (Crotty, 2015).

Dembe (2011) indicated that injured workers suffer manifestations of reduced wages, psychological and behavioral responses (e.g., stress, depression and anger) and social effects that include damaged family relationships and punishment from the employer and their co-workers because of an occupational injury and the compensation claim process. Johnson (2008) revealed that these manifestations victimize an injured worker due to the ripple effect of the complex intertwined relationships between the macro-level, meso-level, and micro-level systems of the ecological systems theory.

The results of this study exposed the challenges that were faced by underground workers who suffered a lower back injury and submitted a compensation claim for their injury. These results have implications for further research and possible policy and process changes. The Workplace Safety and Insurance Board is designed as a method to support injured workers (“WSIB,” 2019). Unfortunately, the Workplace Safety and Insurance Board was not viewed favorably by the participants in this study but instead is seen as a barrier to obtaining financial and medical compensation for a workplace injury.

Limitations

This study was limited by the restrictions of (1) collecting data from male participants only; female underground workers could enhance the data by providing another perspective on family strain due to a workplace injury, (2) collecting data from one local mining company, (3) a small sample size,

(4) the possibility of selection bias from some participants who were faced with negative encounters with the compensation process, and (5) experiences of some older participants may not be representative of current issues faced by younger participants. This study added value to previous research in the area of an injured worker and the compensation claim process experience.

Conclusion

The findings in this study draw attention to several areas that require improvement for an injured worker who submits a compensation claim. Ideally, participants in this study want improved and streamlined processes for reporting an injury and the compensation claim process. Further research should be undertaken to understand an injured worker's perception of the support systems (e.g., union, compensation and employer) gaps and failures. Recommendations about policy and process improvements with communication between all stakeholders need to be addressed with all those involved when an underground worker is injured (Soklaridis et al., 2010).

Applying Research to Practice (sidebar)

Donoghue (2004) noted that the mining industry is viewed as dangerous and in such, occupational injuries can occur. When an injury occurs, an injured worker is responsible for working through the complicated and stressful process of submitting a compensation claim. This study identified themes that include extreme financial hardship, compromised family relationships, feelings of depression, concern with unsafe work environments, punishment for injured workers, feelings of employer denial of illness and compensation, and a tough fight for compensation. A deeper understanding of these themes could help to guide future research that would enhance support for an injured worker and the compensation claim process.

Implications for Practice

Lippel (2007) indicated that the workers' compensation system could have damaging effects on injured workers. Friesen et al. (2001) found that amicable relationships between the union and management, as well as positive communication and teamwork, were mentioned frequently as being important to the overall well-being of an injured worker. Moving forward, compensation workers could find some aspects of this research study helpful. Firstly, the development of a more cohesive relationship with an injured worker, through information sharing, could help to reduce tensions. Trief and Donelson (1995) noted that this would not only be beneficial to the worker but could also benefit the compensation claim workers involved in a compensation claim.

Employers could also benefit from formal communication training to further enhance their understanding about the importance of keeping the lines of communication open with an injured worker, as they work through the return-to-work process. Frame and Brown (2007) revealed that an exchange of knowledge in a more interactive manner could help to open the communication channels between all stakeholders involved with an injured worker. Participants in this study indicated that they wanted to know that the employer's concern went beyond work production and also included concern for the employees' overall well-being after an injury was sustained.

Future research studies could focus on the development of resources for an injured worker, such as a manual of processes and steps outlining what is expected by the injured worker when dealing with compensation. Korzycki, Korzycki, and Shaw (2008) found that knowledge transfer is an essential element that helps injured workers become informed, understood, and make decisions in the process. Therefore, more opportunities for better information exchange and partnering are necessary for injured workers to take responsibility for managing the steps in their compensation claim.

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Chapter 3: Union, Employer, and Compensation System Gaps and Failures: An Injured Workers Perception

Sherry Mongeau, B.A., Nancy Lightfoot, B.Sc., M.Sc., Ph.D., Leigh MacEwan, D. Phil. R.S.W.

Tammy Eger, B.Sc., B.P.H.E. M.Sc., Ph.D.

Laurentian University

ABSTRACT

Background

When a workplace injury occurs, there is usually a need to work with a variety of organizations to access services and file compensation claims. Workers who suffered a workplace injury and submitted a claim with the compensation board in Ontario often faced economic and non-economic costs that provoked depressive feelings, family strain, financial strain, and feelings of diminished self-worth. These costs led to mistrust, a breakdown in communication at all levels, and system-related barriers, including long claim processing times and complex insurance protocols, as well as the lack of knowledge transfer between consumers and providers that left injured workers feeling powerless.

Objective

This qualitative descriptive study aimed to understand the perceived gaps and failures associated with the support systems (e.g., union, compensation and employer) that were in place to assist some male underground workers in Sudbury, Ontario, Canada who had suffered a workplace injury and had a compensation claim.

Methods

Twelve in-depth, in-person, individual, semi-structured interviews were conducted and data were transcribed verbatim and anonymized at the time of transcription. Data analysis followed Braun and Clarke's guidelines for thematic analysis (Braun & Clarke, 2006).

Results

Themes that emerged include: unfair and inadequate recognition of an injury; limited

communication with stakeholders involved with their claim, including claim adjudicators, challenges when returning to work, and compensation claim system barriers.

Conclusions

Cooperation, collaboration, knowledge transfer, and decreased power imbalances could help to reduce the economic and non-economic strain felt by an injured worker. Additionally, a government-funded third-party advocate who knows the medical system, union contracts, the worker's compensation system, and employer policies and practices could act on behalf of an injured worker, supporting them through all the steps involved with reporting a work-related injury.

Keywords: Occupational injury, underground workers, compensation, employer, qualitative descriptive

Introduction

Black, Cheung, Cooper, et al. (2000) noted that occupational injuries could potentially have multiple adverse effects on individuals, the sustainability of the insurance system, and society as a whole. Furthermore, at an individual level, an occupational injury could result in an injured worker experiencing some level of disability, either temporary or permanent (Black et al., 2000).

Additionally, a workplace injury could also have particularly strong emotional effects on an injured worker (Beardwood, Kirsh, & Clark, 2005). Black et al. (2000) found that feelings of isolation, depression and increased stress were among the most common personal effects of a workplace injury. When an injury occurs, there is usually a need to work with a variety of organizations to access services and submit a compensation claim. Cacciaccaro and Kirsh (2006) revealed that this process proves tiresome and causes workers to struggle not only with their physical recovery, but

also economic, social, and mental health-related issues that could impact the overall well-being of an injured worker.

Most workplace injuries in Ontario, Canada, are submitted to the Workplace Safety and Insurance Board (WSIB) (“WSIB,” 2019). The mission of the Ontario Workplace Safety and Insurance Board is to provide a compensation system for the employers and workers that promotes workplace health and safety (“WSIB,” 2019). An injured worker has the right to access monetary compensation, medical care, and rehabilitation according to the Workers Compensation Legislation Act (“WSIB,” 2019). MacEachen, Kosny, Ferrier, and Chambers (2010) found that an injured worker often felt pressured to return-to-work before they were fully recovered, due to a system that did not manage reintegration equitably. According to the 1997 Workplace Safety and Insurance Act, employers are expected to make an offer of modified duties to injured workers and be prepared to accommodate an injured worker based on the standard compensation precautions (“Human Rights - Ministry of the Attorney General,” 2019). Employers have a duty to cooperate in return-to-work by:

- (a) Contacting the worker as soon as possible after the injury occurred and maintained communication throughout the worker’s recovery and impairment;
- (b) Attempt to provide suitable employment that is available and consistent with the worker’s functional abilities and that, when possible, restore the worker’s pre-injury earnings;
- (c) Giving the Board such information requested about the worker’s return-to-work; and
- (d) Doing such other things as may be prescribed. 1997, c. 16, Sched. A, s. 40 (1).

The Human Rights Code (1990) requires that there must be equal treatment of all employees, regardless of their abilities and states (“Human Rights - Ministry of the Attorney General,” 2019).

In addition to the broader, overarching legislation about employment and disability, in unionized workplaces, unions implement collective agreements that include statements about disability and workplace injury. Trade unions are actively involved as champions for injured workers on an individual support level (“USW Local 6500 – Sudbury Ontario,” 2019).

Tarasuk and Eakin (1995) found that injured workers were subjected to multiple investigations by varied health-care professionals (e.g., physicians, physiotherapists, and occupational therapists), who had the power to deem that an injured worker was capable of returning to work, even if the worker did not feel ready, mainly if there was a painful undiagnosed injury. Storey (2008) noted that invisible injuries were not viewed as equitable to a visible disorder, thereby devaluing the pain an injured worker could be feeling. Furthermore, injured workers often had to convince the decision makers who held power, including the physician, compensation workers, and the employer, that their injury was valid (Storey, 2008). Injured workers had to persuade these individuals and organizations that not only did their accidents happen at work but also that it happened in the manner that they say it happened (Storey, 2008). If an injured worker was successful in their persuasive abilities, they were granted a form of compensation (Storey, 2008). If their claims or/appeals were denied, they had to decide whether to either accept the decision or prepare themselves for an appeal process that could take years or even decades, to come to a final conclusion, which could impact non-economic costs such as family strain, social isolation, and depressive feelings (Storey, 2008). Tarasuk and Eakin (1995) found that during a lengthy battle with compensation, injured workers frequently learned to mistrust anyone who did not act in an advocacy role, as they were suspicious of a judgmental society who viewed injured workers as frauds or malingerers. This societal view may have come about after the Ontario Workplace Safety and Insurance Board established a “fraud” line as a method of encouraging the public to report anonymously what they believed to be inappropriate behavior by an injured worker (“WSIB,”

2019). Storey (2008) noted that while trying to substantiate a claim, an injured worker was also at the mercy of their physicians, who had to document the symptoms of their claim, using multiple forms that required a significant amount of time to complete.

Once documents were submitted to compensation for claim determination, injured workers only contact with a front line compensation worker was over the phone, due to the elimination of the ability of an injured worker to sit and meet in person with a claims adjudicator (Storey, 2008). This change took place after multiple altercations had taken place between workers and compensation staff, ultimately changing access to compensation workers to appointment only (Storey, 2008). Tarasuk and Eakin (1995) found that the system that was created to assist injured workers had instead become a system that placed the sole responsibility on an injured worker, holding them responsible for gathering all necessary documents and acting as their own lawyers within a system that viewed an injured worker as a criminal. Beardwood et al. (2005) revealed that the impact of delays, rejections, and suspicions associated with submitting a compensation claim had serious impacts not only on an injured worker but also on their families.

Beardwood et al. (2005) observed that if an injured worker underwent directed rehabilitation in an effort to return-to-work post-injury, they were often not fully assimilated or accommodated appropriately by the employer, leaving them powerless and dependent upon a system over which they had no control. Rehabilitation can be defined as a method of restoring an individual's physical, sensory, or mental capabilities lost due to an injury, illness, or disease ("Rehabilitation | definition of rehabilitation by Medical dictionary," 2019). Beardwood et al. (2005) found that if an injured worker did not return to the pre-determined work environment, they could be subjected to threats of job loss if they refused to work in an environment that did not support their ability to work within the limitations of their injury. Furthermore, injured workers had become victims of

both the employer and the compensation system, who they believed could control their economic and non-economic stability (Beardwood et al., 2005).

Beardwood et al. (2005) indicated that workers were not made aware of all their rights which could allow them to make informed decisions about their physical ability to return-to-work in a non-accommodated environment. Furthermore, even if their claim was legitimized through compensation, an injured worker felt that they had to fight further to legitimize their injury with their employer (Baril, Clarke, Friesen, Stock, & Cole, 2003). Baril et al. (2003) indicated that injured workers often felt that those who held power did not acknowledge their injury appropriately, therefore, leaving them with feelings of anger, frustration, and anxiety. Additionally, injured workers frequently reported being coerced to adhere to tests and procedures that they might in other circumstances refuse as a method of proving the legitimacy of their injury (Baril et al., 2003).

Beardwood et al. (2005) revealed that feelings of disempowerment were often felt by an injured worker, at all stages of dealing with a work-related injury, including from whom to seek healthcare, when, and how, to complete compensation forms, when to end physiotherapy, and when, and how, to return-to-work. Additionally, workers were not appropriately educated about their rights about how to report an injury with the compensation system (Beardwood et al., 2005).

Korzycki, Korzycki, and Shaw (2008) indicated that system barriers included lengthy processing times and complex insurance protocols, as well as a lack of knowledge transfer between consumers and providers which enhanced the anxiety associated with an occupational injury. Additionally, negative interactions between system providers and an injured worker further escalated challenges faced when coping with an occupational injury (Korzycki et al., 2008). Klanghed, Svensson, and Alexanderson (2004) found that when an injured worker received respectful treatment that

included active listening, consideration, and respect for an injured workers opinion, workers felt empowered throughout the process.

This qualitative descriptive study aimed to understand injured workers perceptions of the system gaps and failures associated with supports (e.g., union, employer and compensation) that were in place to assist them after they had suffered a workplace injury, during the compensation claim process, and return-to-work.

The use of a social constructionist framework in this study helped to elicit the rich data that was gathered, and validated participants lived, and shared, experiences (Crotty, 2015). Additionally, this approach allows the use of broad and general questions enabling the participants to construct the meaning of their situation (Crotty, 2015).

The ecological systems theoretical model was also used to understand further the themes that arose from this research study (Johnson, 2008). The ecological systems theory was developed by Urie Bronfenbrenner and focuses on the quality and context of an individual's life in a system of relationships that form his/her environment (Rosa & Tudge, 2013). The ecological systems theoretical model is comprised of five socially organized subsystems, and within each system, there are bi-directional influences that suggest there is an impact in two directions, both away and towards the individual (Johnson, 2008). The subsystems include the microsystem, mesosystem, exosystem, and macrosystem (Johnson, 2008).

Methods

A qualitative descriptive study design allowed a flexible approach to understanding the experiences of the participants involved with this study.

An ethics application was approved by the Laurentian Research Ethics Board, Sudbury, Ontario,

Canada, which is in accordance with the Canadian Tri-Council Recommendations for Research with Human Participants (REB #6013934).

Twelve individual, in-depth, in-person, and semi-structured interviews were conducted with male underground workers in Sudbury, Ontario, Canada, who sustained a lower back injury (before 2018), while employed in the mining industry and who were involved with the Ontario Workplace Safety and Insurance Board (WSIB) claim process in Ontario, Canada. In Ontario, when an injured worker submits a compensation claim, the steps involved include reporting the injury to the employer, assessment by a healthcare provider, submission of forms to compensation, communicating with a compensation claim adjudicator for updates, and working with union representatives for additional support.

Sample and Setting

The recruitment strategy used for this study was purposeful sampling (Sandelowski, 2000). Sandelowski (2000) indicated that this method of sampling allows for participant recruitment that provides information-rich data for the purpose of saturating the data for the study. Participants were identified through a Sudbury-based union database as having a lower back injury and were, or had been, involved with compensation for their injury. Participants were recruited using the existing United Steelworkers of America Local 6500 database (USW Local 6500 – Sudbury Ontario, 2018). A search within the database revealed 44 participants who met the study criteria. All participants received a support letter for the research to be conducted from the union along with a participation letter which was mailed from the USW Local 6500 office. Participants were provided with the work phone number and email address of the lead researcher. Free and informed written consent was obtained from participants before commencing research and participants were advised that they could withdraw from the study at any given time, for any reason, without penalty.

Participants were provided with twenty dollars in cash for their participation in the study.

Data Collection and Analysis

Data collected were transcribed verbatim and anonymized at the time of transcription. Thematic analysis, to identify patterns or themes, in the qualitative interviews was undertaken by two research team members following the steps outlined by Braun and Clarke (2006). According to Braun and Clarke (2006) thematic analysis is an established, flexible, and accessible qualitative method of analyzing data. Braun and Clarke's (2006) thematic analysis consists of six phases: 1) familiarizing with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing potential themes, 5) defining and naming themes, and finally, 6) producing the report. Two research team members achieved consensus in stages throughout the study as the codes and themes evolved.

Participants who consented to participate in the study were asked semi-structured and open-ended interview questions with additional probes when required. The interviews were conducted in person, either at the local union hall, or at a mutually agreed upon location (e.g., researcher office), and lasted about 90 minutes. The timing of the interviews was determined by the extent of sharing by each participant. All interviews were recorded and transcribed verbatim and anonymized at the time of transcription. Data analysis followed Braun and Clarke's (2006) guidelines for thematic analysis. Codes were derived from a line by line analysis of each participant transcript and, upon coding completion, themes were derived. Two members of the research team compared results for themes for one interview.

To ensure the trustworthiness, credibility, dependability, transferability, and application of the findings, all transcripts were read and re-read (Colorafi & Evans, 2016). Berger (2015) indicated

that reflexivity and addressing biases enhance the trustworthiness and objectivity of a research study. Colorafi and Evans (2016) noted that dependability is achieved by using consistent procedures across all participant interviews such as consistency in data collection (e.g., using the same interview questions in the same order) and clearly describing the researcher role within the study. Furthermore, credibility is achieved by providing thick and rich data that is believable from the perspective of the participants in the research study. Additionally, transferability was accomplished by thoroughly describing the characteristics of the participants so that comparison with other groups could be made.

Findings

Participants in this study were between 42 and 88 years of age (mean of 58), had a mean average of 23.25 years of employment in the mining industry, and had levels of education that ranged between grades 7 to some college (median grade 10).

Participants described in-depth their perceptions of support system gaps and failures associated with a workplace injury, and the compensation claim process experience, revealing overarching themes that include unfair and inadequate recognition of the injury, limited communication, challenges when returning to work, and inappropriate processes. Themes arose using an inductive approach to data collection, and repetitions and similarities that were found in the transcriptions. Finally, interrater reliability added to the validity of the themes.

Unfair and Inadequate Recognition of the Injury: During the interviews, the participants involved with this study spoke with frustration about their fight to legitimize their workplace injury. Participants struggled with employer mistrust, compensation denials, co-worker, and supervisory challenges. Many participants felt that they had to fight to legitimize their injury and

that the employer did not want to acknowledge that the injury was an occupational injury. A denial by the employer meant that some participants had long fights with compensation. Sudbury Worker 1 indicated:

“Took them a year. I had to go through tribunal because the first time I was denied because compensation said they didn’t think it happened at work and the company was trying to stop it. It was all about the company and they were trying to say I had arthritis at one time, so that’s what lost the case the first time.”

These types of interactions with the company and compensation exacerbated feelings of stress, suspicion, and led to social isolation. Sudbury Worker 1 further stated:

“The company was still saying they didn’t believe me. It was nerve-racking because you don’t know where your life is going to end up. I felt alone sometimes, and it took a toll. I saw the doctor, and she prescribed me pills for my depression. The thing is with compensation you have to do everything that they tell you to do. If they tell you to jump, you jump. I still feel like I am being watched, like I felt like maybe you were a spy. Honestly, I thought that.”

Many participants in this study expressed anger and frustration when trying to justify their injury with the employer. They were treated with suspicion and mistrust. Participants stated that if a witness wasn’t present to validate that the injury occurred at work, the company would make attempts to deny or stop a compensation claim. Sudbury Worker 4 said:

“Because they were saying I wasn’t wearing my seatbelt and they were saying it was my fault, the general foreman wrote a letter to compensation saying that I was trying to get back to my boss for changing shifts, so the company is denying my injuries thinking that I

am playing a game.”

Many participants felt that the employer did not want to deal with injured workers so instead asked them to lie or go on modified work without submitting a compensation claim. Participants were asked to return to work sooner by supervisors and advised that they would be given light duty responsibilities until they recovered from the injury without the need to submit documentation.

Sudbury Worker 3 stated:

“They wanted me to lie to my doctor saying that there was nothing wrong with me, that I should be going back to work, and I said no I can’t do that. Well, my boss got really mad at me and said well you know like this isn’t right, the company is trying to help you and look at what you are doing to us.”

Many participants spoke about the fear of reporting an injury. They indicated that many workers would continue to work if they were injured because it was too difficult to report the injury and fight for what they felt they deserved. Some participants also indicated that if they reported the injury and couldn’t adequately perform their duties, they might be subject to job loss putting them at risk for financial strain. Sudbury Worker 3 stated, “People don’t report it because they are scared they are going to lose their jobs,” and Sudbury Worker 6 said:

“Well, I had one boss who gave me a hard time. He told me they were going to let me go and I went and saw my union. They wanted me gone because I was on modified work and they didn’t want anyone on modified work.”

Sudbury Worker 7 echoed similar concerns and indicated:

“I had to check in every day with my shift boss like my boss didn’t even ask me how I was doing, they don’t care, and they don’t give a crap. The worst thing they were saying was

when are you coming back, like your milking this, that's the kind of thing I was getting from work instead of asking me how's your back or are you doing better.”

Sudbury Worker 11 further reported:

“When I came back to work, I went to first aid, and I told them I had an accident and I was asked why it wasn't reported right away. I said I did report it right away and my supervisor denied it. He had also written to compensation saying that I hadn't gone to see him for anything throughout the shift, like he denied everything. Initially, I was denied by compensation, so I had to get a witness statement and compensation contacted the witness. He told me later that he had to write an actual statement of what I had told him that night and shortly afterward I got the letter from compensation saying they believed me over the company, thank goodness.”

Many of the participants who struggled to return-to-work faced significant challenges and a lack of concern by the employer. Participants believed that their employer was insensitive to the impact of their injury and expected them to continue to perform at full capacity. Participants felt that the employer put the company needs before their own. Sudbury Worker 8 stated:

“I told my supervisor I can't take the pain so I need to go home and at that point, I was given two options, you stay and get paid or you go home and don't get paid. I said well I got hurt at work so I am not going without pay, so he said okay well then stay.”

Sudbury Worker 9 indicated:

“My back wasn't getting any better, but I think the company thought I was trying to stay on health and safety because I was lollygagging. They wanted me to go back on the shaft, but I knew I could not go back on the shaft. I could not even bring people up and down on the

... cage, and I could not pull the door up and down, but the company thought I was playing a game.”

Some of the participants also faced mistrust from their co-workers. Participants felt the need to over perform because they were worried that their co-workers didn't believe the extent of the injury they sustained. Their inability to complete tasks meant that their co-workers had to carry additional duties which increased tension in the workplace. Participants felt that pre-injury they were valued by their co-workers, however, post-injury they felt like their work ethic was being challenged. Sudbury Worker 9 reported:

“Well when I went back to the shaft, there were a couple of guys who were really hard on me because they thought I was still playing a game. They knew I had been cleared for full duties, but they didn't understand, like they were angry. They can be the most ruthless, and they were mad. People don't understand what a back injury feels like unless they have been through it.”

Limited Communication: Many participants in this study echoed communication breakdown between all stakeholders involved with assisting an injured worker (e.g., union, compensation and employer). Participants felt they had to fight to be heard by compensation and that there appeared to be a breakdown in communication between themselves and the compensation claim adjudicator. Sudbury Worker 3 said:

“They just said that nope my claim was denied. I went and saw my doctor, and he gave me letters to bring to them, and they said okay we will look into it. Meanwhile, my adjudicator kept telling me well I need more information from your doctor. I got a form to bring to her, and she said now it's going to take a couple of weeks before we process it. A couple of

weeks later, I still didn't get a cheque and then she said well now it's because of the employer. She said we are trying to get information from the employer and they aren't giving us more information. She said give us a couple more weeks, but meanwhile, it's lasting longer and every time I call, she says we are trying to get a hold of someone."

Sudbury Worker 4 stated:

"I would leave messages, and after a month, I found out that the adjudicator was gone on holidays for three weeks. You would think that the person who answered the phone would say they were gone on holiday."

Participants spoke about the interactions with their claim adjudicators and stated that they were negative and frustrating. Participants felt that a lack of face to face contact denied them the ability to defend or fully explain their claim adequately. They also stated that limited communication with compensation workers slowed the decision making process about their claim entitlements.

Participants felt that receiving forms in the mail also delayed the claim approval process and they struggled with completing complicated forms. When claim approval process was delayed, financial hardships escalated quickly. Sudbury Worker 8 indicated:

"It wasn't positive, and I didn't find the person who was handling my case to be very helpful. I had asked for certain forms, and they would say I emailed them, but I never got them. I would call them again and say can you mail it again and they said well we have already done that. I never got it, and after my file was closed, I asked for all the paperwork again, and they never sent it. It was just too much of a hassle."

Additionally, participants implied that union support was not adequate and believed that the high turnover in staff, work overload, and lack of trained union representatives negatively impacted

their fight for compensation claim approval and appropriate return-to-work accommodations.

Sudbury Worker 1 said:

“It’s not the same because they keep switching union workers. I think I am a hopeless case. The union representative that they elected to my case, well, I don’t think he wanted to work my case. The thing is they just had elections, so the new guy we went to see a month ago said he was going on holiday for a month. One of my complaints big time is repeat repeat repeat, how many times are you going to ask me my story.”

Many participants continued to work even though they were in pain and when seeking further assistance from the union they encountered barriers. Sudbury Worker 2 reported:

“Well they are trying, I went in to see them, but it’s all paperwork. I went in and submitted for my orthotics and the pills that I take because of my back. The union representative said submit, and that will be our leverage, but I am not getting any leverage.”

Participants indicated that they felt their union representatives were overworked and not adequately trained to assist them. Sudbury Worker 6 stated:

“If you are working with the union you need to sit back and wait because it is a long process. My first union steward was good, but I had to more or less keep on him and more or less had to push him to get going.”

Sudbury Worker 10 stated:

“First of all, you take a guy who is a miner or a millworker, or whatever, and the union puts him in that position, and he is expected to learn. Like I am putting the blame on my union too. You need to get people who are trained and educated in that field because people with

compensation are trained and educated in their field.”

Finally, some participants in the study did not believe that the union was working for them.

Sudbury Worker 7 said:

“Union what union (laughs), they aren’t there for the guys that work, they are there for the dog [...] that’s all they are there for.”

Sudbury Worker 10 further described:

“When you get hurt you are under the microscope and then you have to fill out all the paperwork, and you need the guy at the union hall to be paying attention, but the guy at the union hall isn’t paying attention.”

Return-to-work Challenges: Many participants felt coerced to return-to-work much earlier than they anticipated. They often found themselves returning to work in pain and felt improperly accommodated. Participants were disillusioned to find out that modified work was nonexistent. This led them to be off work several different times before they could return-to-work in a full duty capacity. Sudbury Worker 1 explained:

“They were trying to get me back to work, so they were trying to get me into a different role. They tried to put me at the engineering office, but they didn’t realize how bad I was so when they saw me in a wheelchair, they realized that it wasn’t going to work.”

Sudbury Worker 7 said:

“Nope I wasn’t assessed, and some of the duties they were giving me weren’t light duty. They put me in a warehouse to store stuff, but they didn’t see what you have to do. They say don’t lift anything, well they didn’t monitor you; they just throw you there.”

Sudbury Worker 10 reported:

“The company was trying to put me back into the dry. I was coming in pain every day and I had guys helping me. I was on light duty, off light duty, on light duty, it never went away. I had to continue working, but the biggest thing through all of this was I never got the right help at the beginning, I know myself I wasn’t even comfortable running the cage, I didn’t want that kind of responsibility.”

Sudbury Worker 12 stated:

“At the time, it was the company pushing me to try to get me to do more, and they said try going underground taking the cage, and I totally refused. It was always pressuring to try to get you to go underground and to try to put you back to your original work. Once they got you underground, you can be closer to the equipment to be more productive.”

Participants felt that the company did not want to collaborate in order to provide them with proper accommodations. They also stated that if they refused to perform duties that they believed were not modified, the company deemed that they were being uncooperative or difficult to work with.

Participants felt that they were not assessed appropriately and struggled to maintain their work load or were simply shoved into meaningless jobs as a way for the employer to state that they were accommodating the employee and adhering to policies and procedures. Participants felt devalued and humiliated that they were given meaningless jobs.

Inappropriate Reporting, Submission, and Return-to-Work Processes: Many participants felt that the processes for reporting an injury, submitting a claim, and returning to work were significantly flawed. Many participants discussed thoughts on how to enhance the process for an injured worker by the employer. Sudbury Worker 2 stated:

“They should be able to go through a different process from just giving you a slip and going back to work, go through a different process. They should have some acknowledgement about how you are feeling outside of work. I come home and I am basically bleeding here because I am so sore from doing their job.”

Sudbury Worker 4 described:

“Well you see with the company, they always say when you get hurt report it, so you are dammed if you do and dammed if you don’t. If you don’t report you get in trouble and if you report it you have a meeting about the incident, and you get in trouble, and they drag you down. I worry that my shift boss is going to flip on me, are they going to try and fire me, so I don’t know whether to report my injury or not. I am so tired of arguing, I don’t want to argue anymore because I am so burnt out from arguing. It goes against the company when one of the guys gets hurt. I got a step 2 for reporting late injuries, and if you have no witness, you’re in trouble, but as soon as you have a witness, you seem to be safe. If you get hurt make sure you have a witness because after you get hurt, there is always an investigation. As I said, you’re dammed if you do and dammed if you don’t.”

Sudbury Worker 7 said:

“I would get out of the whole process of going on light duty and heal yourself before you go back to that stupid place and go on compensation, take care of yourself. The company doesn’t tell you anything, and the union stewards are just workers. They represent us, but if you put a claim in it takes months, and you write it on paper, and it gets thrown on a pile. I had a claim for four years, and it disappeared. The union will fight for you, but the company shuts them down all the time, even though they are in the wrong. I got hurt at

work how much more do you want, it's documented, I went to doctors, and I went for tests. You have to take care of yourself.”

Sudbury Worker 8 indicated:

“The employer should focus more on the ergonomic side because they say we don't want you to get injured at work. They want you to go home safe, that's what we have plastered on our clothes, but they don't practice what they preach.”

Participants also faced challenges connecting with their compensation claim adjudicators. They indicated that not having face to face contact with their compensation claim adjudicator increased the barriers associated with submitting a compensation claim. Sudbury Worker 3 reported:

“If you need help today with your adjudicator you can't make an appointment, you talk to them over the phone. They say sorry we can't help you all we can do is take a form, and copy it, and give it back to you.”

Sudbury Worker 8 said:

“Like I think there has to be a better process with compensation. I think they should be telling you what you have access to and the adjudicator should tell you. I don't necessarily agree with just a phone call, you should be able to have a face to face meeting with them.”

Participants also felt that a lack of knowledge, education, and training for their union representatives increased the challenges they faced because of an occupational injury and open compensation claim. Sudbury Worker 8 stated:

“I thought that my steward should have been more versed on the injuries during the grievance meeting. It would have been better to have someone who knew more at the

meeting, but it's always the steward who comes and sits with you. At the end of the grievance meeting, it was denied. I had the option of taking it further or sitting down with a third-party person, and they would figure it out, but like I was done with it, I just said forget it. It was very frustrating and time-consuming. If there was a compensation claim or grievance, I think that the union should have someone who is well versed in compensation claims.”

Some participants in the study also discussed the importance of having peer support if there was an occupational injury. Sudbury Worker 10 said:

“I would go right with them. I would grab them, grab their hand and say here's the process, don't fill anything out till you talk to a union steward. If a guy is hurt medical treatment first, paperwork after, and then have him write everything down before you talk to anyone else. It's a little intimidating, and you almost need to be a doctor or a lawyer to complete all the forms. What kind of training does an injured worker have, everybody else is trained but him. The guy could say something innocently enough and then get in trouble. They don't tell you not to speak and they don't read you your rights and anything you say to compensation could be used against you. Like anytime a guy is hurt a union guy should be with him every step of the way, and there should be someone appointed by the union to do that.”

Sudbury Worker 11 said:

“Initially don't get hurt. If you were injured, try and look into all the resources, and try and get help. The injured worker had the least amount of knowledge. I found out my information from other people. No one tells you to put in continuities, and then they say

well why didn't you put in a continuity? You are living with pain every day but because you were not reporting it to your supervisor you are better. Compensation sucks, like they are not there for the worker, and I believe they are paid through the employer. They don't care, and they don't want to retrain you into new jobs that are easier on your body. They would rather just send you home and treat you like a piece of crap. It's more of a frustration, and then you get depressed, and then you get pissed off at the company, and then you don't want to produce, or you are not productive. They preach this mental health crap, and that's another crock because they send you home and they don't want to pay you. The injured worker is punished; you don't want to get injured because the system sucks.”

Participants in this study felt that there was a lack of clear processes and guidelines to support them. They stated that the unclear processes led to increased frustration that further impacted their mental health. A breakdown in communication between stakeholders and the injured worker led to confusion, a sense of powerlessness and ongoing feelings of victimization for sustaining an occupational injury and submitting a compensation claim. The participants felt that the stakeholders involved with their injury and the compensation claim process did not seem to fully understand or recognize that complicated forms, inappropriate modified work, a breakdown in communication and a challenging return to work process can significantly impact the worker financially, socially and emotionally.

Discussion

This qualitative descriptive study aimed to understand injured workers perceptions of the system gaps and failures associated with the supports (e.g., union, employer and compensation) that were in place to assist them after they had suffered a workplace injury, during the compensation claim process, and return-to-work. It was apparent from the detailed stories discussed by the participants

in this study that there was mistrust, a breakdown in communication at all levels, and a need for significant changes in processes with the union, compensation, and the employer to minimize the economic and non-economic costs associated with a workplace injury. This was consistent with findings by Gamborg et al. (1991) who indicated that workers who suffered a workplace injury and submitted a claim with the compensation board often felt like they were caught up in a vicious cycle that provoked depressive feelings, family strain, financial strain, and feelings of diminished self-worth.

The issue of mistrust and legitimacy of participant's injuries resonated across several interviews. Tarasuk and Eakin (1995) found that even when an injured worker had a documented injury by their physician, and if compensation accepted the claim, they were still subjected to disbelief in the workplace, by both their co-workers and supervisors.

Many participants in this study felt powerless against the "big" company. They felt that they had to comply with the directions from compensation, or the employer. Otherwise, they would be at risk for not having their compensation claim approved or even face a threat of job loss from their employer. They were expected to obtain permission to continue physiotherapy, obtain permission to fill a prescribed medication, and performed duties that only hindered their recovery. Baril et al. (2003) observed that the powerlessness felt by an injured worker had been a theme across previous research studies and could lead to increased feelings of depression and isolation.

Baril et al. (2003) further noted that injured workers felt pressured, or coerced, into performing employer identified modified work. Participants in this study echoed similar concerns and raised issues of feeling threatened or punished if they did not adhere to the employer's assigned modified work.

Finally, a lack of appropriate and clear processes was discussed by the participants. Participants felt that there could be increased education provided to the worker, the employer, the union, and compensation, about the impact of an occupational injury. It was felt that unless you had experienced a lower back injury and were going through the compensation claim process, you could not have a thorough understanding of the process. Peer supports, sharing of knowledge, and informed decision making were vital to reducing the economic and non-economic costs of a workplace injury. Korzycki et al. (2008) indicated that knowledge transfer was an essential element that helped injured workers become informed, understood, and make decisions in the process. Therefore, more opportunities for better information exchange and partnering are necessary for injured workers to take responsibility for managing steps in their compensation claim.

Limitations

This study was limited by the restrictions of: (1) only collecting data from male participants such that female underground workers could enhance the data by providing a different perspective on communication and return-to-work processes due to a workplace injury, (2) only collecting data from one local mining company, (3) a small sample size, (4) the possibility of selection bias from only participants who were faced with negative encounters with the compensation process, and, (5) some older participants may not be representative of current issues faced by younger participants. This study added value to previous research in the area of an injured worker and the compensation claim process experience.

Conclusion

The findings in this research study revealed that there was a need to educate an injured worker.

Easy access to guidelines, processes, and policies could be provided in the form of a handbook. Frame and Brown (2007) noted that an exchange of knowledge could help to diminish the power imbalance felt by an injured worker. If an injured worker was empowered with knowledge, they could become a stronger advocate for their rights. Trief and Donelson (1995) observed that injured workers sense of disempowerment could be associated with their lack of understanding of the system or negotiating through the system.

Access to a third-party advocate funded by government resources could also be considered. An advocate could act as a non-biased and non-judgemental party on behalf of an injured worker. The advocate should be knowledgeable in medical terminology, compensation processes, union contracts, and employment standards. Many of the participants in this study had limited education, (Grade 10) and therefore, may not have had the knowledge required to complete complicated forms, deal with government bodies, or understand complicated employment standards. Funds should be made available to ensure that advocacy for injured workers is initiated as soon as an occupational injury takes place.

Frame and Brown (2007) indicated that open lines of communication between all parties were key to a successful compensation claim submission and appropriate return-to-work conditions. After a work-related injury, consistent follow-ups with the employer, and the compensation office could limit the need for an injured worker to be placed on modified work for an extended period.

MacEachen et al. (2010) found that the compensation system victimized workers. However, if an injured worker was provided with more control over their injury claim, the compensation process, and the return-to-work process, victimization could be limited (MacEachen et al., 2010).

Additionally, injured workers should be provided with more information about their rights and the employer's responsibility to accommodate (MacEachen et al., 2010).

Respect at all levels should be addressed. Unions, compensation workers, and employers could show respect through open and transparent communication. Friesen, Yassi, and Cooper (2001) noted that organizational climate, support from the employer and co-workers, trust and credibility from all stakeholders, and positive relationships with all support systems, could help to reduce financial strain, depressive feelings, and family strain.

Gardner et al. (2010) indicated that future research studies could address the need for a single source of advocacy for an injured worker, providing the injured worker access to one point of contact helping to diminish the stress involved with becoming the sole person responsible for communication and documentation associated with submitting a compensation claim. Furthermore, a third party advocate could also help to facilitate the process with the union, the workplace, health-care professionals, and the injured worker (Gardner et al., 2010). Additionally, this person could be seen as a bridge between the injured worker and stakeholder silos (Gardner et al., 2010). Participants in this study echoed these suggestions. Participants felt that having a sole person who would be able to assist with all processes could minimize confusion, provide a better understanding of how to complete complicated forms, and advocate for appropriate return-to-work duties with the employer.

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Chapter 4

4.0 Discussion

In this Chapter, a summary of the literature findings is discussed, the theoretical framework is addressed as to how it aligns with the study findings, the study strengths and limitations are discussed, implications for future studies are examined, and finally, concluding thoughts are provided.

The in-person, in-depth, semi-structured interviews provided an opportunity for the participants in this study to openly discuss stories about the impact of a lower back injury and the compensation claim process experience. Several themes arose from the data collected. While participants varied in age and years of employment with the mining industry, it was clear that each of them had similar journeys that involved mistrust, a lack of communication, a need to validate their injury, financial hardship, compromised family relationships, challenges when dealing with the compensation claim process, depressive feelings, and feelings of punishment for enduring a workplace injury. It should be noted older participants in this study could have experienced a different work environment compared to the younger participants. For instance, the younger participants in this study spoke about new equipment that contained electronics and air conditioning. Additionally, the workers' compensation system has evolved, and changes such as in-person service versus telephone only communication with the claims adjudicator could influence worker perceptions. One older participant indicated that he went to the board to speak to the adjudicator, whereas younger participants could only reach an adjudicator by phone.

As previously discussed, there are many stakeholders involved with an injured worker and the compensation claim process. These include the union, the employer, compensation workers, and health-care workers. Working with multiple stakeholders, encountering breakdown in

communication, and struggling to deal with the biopsychosocial impacts of an injury, proved to be exhausting for an injured worker. The injured workers in this study struggled when trying to deal with their injury and felt a sense of disconnect throughout the entire process of submitting a compensation claim. Multiple organizations (e.g., union, compensation and employer) are in place to assist an injured worker. However, the identified barriers and challenges faced by the participants in this study exacerbated the symptoms of a physical injury further, impacting their personal and social lives.

This study drew attention to challenges that were faced by underground workers in Northern Ontario. Unfortunately, access to healthcare for the participants in this study could have been compromised by health inequities that are more apparent for individuals living in rural areas (Northern Ontario Health Equity Strategy, 2017). In Northern Ontario, there are 800,310 people living within an 858,010 square kilometer area (North East LIHN, 2016). This equates to 6% of Ontario's population living on 80% of Ontario's land mass. Compared to the rest of Ontario, this area is very sparsely populated (North East LIHN, 2016). With such a widely distributed population, the health system may have challenges in reaching all Ontarians who need support (Northern Ontario Health Equity Strategy, 2017). Therefore, within this study, participants may not have had timely access to primary care physicians, medical supports, or treatment that could have impacted overall recovery time from an occupational injury.

4.1 Summary of Research Findings

The findings in this thesis align with previously discussed research studies that examined the impact of an occupational lower back injury and the compensation claim process experience (Lippel, 2007; Beardwood et al., 2005; Soklaridis et al., 2010; Strunin & Boden, 2004). The

findings discussed in this study revealed negative interactions with the compensation staff, the employer, and the union. However, it should be noted that participants did speak positively about their encounters with primary care physicians, who were responsible for the treatment of the work injury, and the completion, of required documentation forms for compensation claims.

Each identified theme is discussed as it relates to the findings from the literature.

Chen et al. (2007) revealed that a lower back injury was viewed as the most common musculoskeletal category of workers' compensation claims in Canada. Unfortunately, when a lower back injury occurs, there are many factors beyond physical that impact an injured worker (Soklaridis et al., 2010). Soklaridis et al. (2010) noted that an occupational lower back injury that involved maneuvering through the complicated compensation claim process could exacerbate existing psychosocial factors by imposing financial hardship that could lead to family strain, depressive feelings, and the need to validate the injury not only with compensation but also with the employer. Additionally, injured workers often felt the need to return-to-work early and often accepted modified jobs that were not appropriate for the injury they sustained for fear of losing their livelihood (Soklaridis et al., 2010).

4.1.1 Extreme Financial Hardship

Lippel (2007) indicated that when an injured worker did not receive timely monetary benefits from compensation, either because a claim was denied, or the payment received was less than anticipated, workers experienced increased anxiety about their inability to make payments on homes or vehicles. Furthermore, when participants were awaiting payment for a compensation claim, they often had to pay for other expenses such as physiotherapy or medications which could also lead to increased financial debt (Beardwood et al., 2005). Similar to these research findings,

participants in this study expressed that they had encountered extreme financial hardship that sometimes led to bankruptcy. Participants spoke about feeling humiliated that they had to resort to social assistance or support from their families. Financial strain was increased when a participant's claim was denied, or they were awaiting an appeal date. MacEachen et al. (2010) found that workers who awaited compensation decisions succumbed to credit card debt, missed payments, and damaged credit ratings.

4.1.2 Compromised Family Relationships

Strunin and Boden (2004) indicated that when an injured worker suffered extreme financial hardships, they experienced stress and strain in family relationships. Furthermore, injured men felt that they could not maintain the male social role of the provider, and expressed an uneasiness, helplessness, and guilt about their partners assuming this role (Strunin & Boden, 2004). Similar to those findings, participants in this study expressed that their injury limited their ability to participate in everyday chores, increasing their stress, and leaving them feeling like they could not contribute to the family as they had pre-injury. Strunin and Boden (2004) found that if there were changes in the family dynamic that were long-term, there could be an increased strain on family relationships. Furthermore, an inability to participate in family responsibilities increased feelings of anger and frustration, further contributing to familial strain (Strunin & Boden, 2004).

Participants in this study stated that their increased frustration led to shortened tempers with partners and children, resulting in a strain that left some participants with long-term disconnected relationships with family members. Strunin and Boden (2004) indicated that when an injury affected physical abilities, men struggled with their ability to join in family activities with their children, interfering with the basic parent-child relationship and evoking guilt, anger, and depression due to their injury induced limitations. Participants in this study stated that when they

could not partake in family social outings, they felt left out of the family dynamic and isolated.

4.1.3 Feelings of Depression

Lippel (2007) revealed that injured workers were treated for mental health problems associated with the repercussions of the compensation claim process. Furthermore, thoughts of suicide due to extraordinary difficulties with a compensation claim and the long-term impacts of a back injury were expressed by some injured workers (Lippel, 2007). Similar to those findings, many participants in this study voiced that they were prescribed anti-depressants, met with psychologists, and had thoughts of suicide due to the effects of suffering a lower back injury, compensation claim difficulties, and the financial and familial strain they suffered. Beardwood et al. (2005) noted that injured workers found that their mental health deteriorated throughout the process of becoming injured, and depression was often a common experience. Many of the participants in this study indicated that even though they had returned to their regular work duties, they continued to seek mental health support and remained on medication for depression. Soklaridis et al. (2010) indicated that the challenges faced by injured workers and the compensation claim process experience could negatively impact mental health status and could set in motion a cycle of negativity, low self-esteem, and intense feelings of anger and frustration.

4.1.4 Unsafe Work Environments

Beardwood et al. (2005) found that after an occupational injury occurred, injured workers tended to reflect upon how the injury occurred in the workplace. Participants in this study echoed similar sentiments. They spoke about work conditions that put them at risk for an injury. Conditions such as limited movement in vehicles, lack of good sight lines, and risky maneuvers when performing their jobs, put them at higher risk for injury. In some instances, participants noted that it was

simply a fluke accident that caused their injury.

4.1.5 Punishment for Injured Workers

MacEachen et al. (2010) observed that workers felt that even though the injury was work-related, there was a lack of recognition by the employer about their injury leaving them feeling defensive and punished for their misfortune. Additionally, injured workers felt like they were treated like criminals, even though they had suffered from an occupational injury, leaving workers feeling punished for suffering a workplace injury that required submission of a compensation claim (Lippel, 2007). Within this study, many participants felt like the employer punished them because of their injury and further specified that upon return-to-work they were made to feel devalued by being placed in meaningless jobs. An inability to return to pre-injury work meant that many participants continued to suffer financially due to decreased wages associated with the modified work duties.

4.1.6 Denial of Illness and Compensation by the Employer

Beardwood et al. (2005) indicated that many injured workers felt compelled to provide evidence that supported their work-related injury to their employer. This was also confirmed in a research study conducted by Soklaridis et al. (2010) in which participants described a need to validate their injury to their employers, co-workers, and friends. Roberts-Yates (2003) revealed that when an injured worker felt they had to justify an illness, emotional trauma and anxiety arose, leading to a diminished sense of social status within the workplace and amongst their peers. Participants in this study indicated that if a witness was not present to substantiate the injury, they often faced substantial mistrust. Additionally, participants felt that returning to work and being unable to perform their duties raised suspicion with co-workers, making them feel that they had to over

perform putting them at further risk for re-injury. Soklaridis et al. (2010) revealed that mistrust and denial of an injury by an employer could lead to increased negative psychosocial experiences, such as depression, by an injured worker. Lippel (2007) further noted that these types of prejudices and stereotypes could portray injured workers as scam artists who abused the system. Roberts-Yates (2003) indicated that these types of encounters with employers, compensation employees, and co-workers often led to increased suspicion by the injured worker with anyone who was involved with their compensation case. Participants in this study confirmed these findings and indicated that they feared being watched by the employer or compensation. Some participants felt they could not leave home because they could have been seen doing something that could be perceived as inappropriate. This led to feelings of isolation and increased depressive feelings. Storey (2008) found that injured workers felt that they needed to convince those who they felt held power, such as employers and members of the compensation office, that their story was true. Finally, Strunin and Boden (2004) indicated that some injured workers were subjected to surveillance, either with videotape, or photographs, by either the employer or the compensation board as a method of trying to gather evidence to refute the injury. In this study, some participants were subjected to video surveillance while they were off from their injury. Participants were watched either at their home or during a social outing.

4.1.7 Tough Fight for Compensation

The Workplace Safety and Insurance Board is an Ontario government-based insurance system that determines the eligibility for benefits after a workplace injury and thus plays a key role in adjudicating claims (“WSIB,” 2019). Strunin and Boden (2004) found that some injured workers reported that their encounters with compensation often left them feeling mistreated, frustrated, and helpless. Furthermore, a study of Ontario injured workers revealed that some injured workers had

negative and unsatisfying relations with compensation staff, who, they felt, did not respond to their needs including timely response to phone calls (Beardwood et al., 2005). Strunin and Boden (2004) indicated that some injured workers were dissatisfied with their dealings with claims representatives and felt that the claims representatives hindered their compensation case instead of assisting them. Furthermore, injured workers felt that excessive and complicated paperwork hindered the compensation claim process (Pergola, Salazar, Graham, & Brines, 1999). Participants in this study were faced with similar challenges. They felt that they were constantly chasing the compensation claim representative and were frustrated by the lack of returned phone calls. Participants spoke about their inability to reach the same claim representative and the frustration it caused having their file rotated between representatives, diminishing their connection with an adjudicator. Lippel (2007) indicated that personalized and supportive service from a compensation representative fostered trust and diminished the power imbalance between an injured worker and a claim representative. Klanghed et al. (2004) found that respectful treatment towards injured workers could act as a form of social and emotional support, leading to positive encounters for injured workers who filed a compensation claim.

4.1.8 Limited Communication

Friesen et al. (2001) observed that a lack of communication with, or between, stakeholders outside the workplace was viewed as a major external barrier for an injured worker. Furthermore, when compensation workers interacted with injured workers only by telephone or mail, injured workers were challenged by the lack of face-to-face contact, and sustained a relatively limited and impersonal interaction (MacEachen et al., 2010). The standard way for injured workers to receive compensation decisions is via telephone and mail (“WSIB,” 2019). With recent technological advances that created forms of virtual communication, a diminished human face-to-face interaction

is now common practice (Charlot & Duranton, 2006). Beardwood et al. (2005) revealed that injured workers felt that telephone and mail communication limited their ability to have back and forth exchanges that could minimize misunderstandings about the compensation claim process and completion of compensation claim forms. Within this study, some participants experienced similar challenges. Participants who received information in the mail misread documents, which led to inappropriate or missed, submission of documentation that supported their claim, causing the compensation claim to be denied. Additionally, participants felt that they preferred the opportunity to sit and discuss their compensation claim in person so that they could seek cohesive clarification about the compensation requirements.

Communication issues also arose with the employer. Participants who were off work because of their injury failed to receive relevant information from the employer about return-to-work plans or missed important phone calls that resulted in exasperating back and forth telephone tag with the employer. Friesen et al. (2001) noted that employers who communicated effectively with an injured worker helped to reduce anxiety surrounding return-to-work plans. Furthermore, employers who engaged in regular communication and promoted collaboration amongst all stakeholders increased the likelihood of a quicker return-to-work, and also reduced the power imbalance felt by an injured worker (Franche & Krause, 2005). Kagawa-Singer & Kassim-Lakha (2003) indicated that work absences could be prolonged by miscommunication, or non-communication, of information with an injured worker when it related to the availability of modified duties in the workplace.

There was limited research about communication difficulties faced by injured workers and union representatives. However, in this study, participants raised concerns about their inability to contact a union representative. They believed that frequent turnover in union staff along with increased

workload within the union meant that union representatives could not adequately hear concerns or assist an injured worker with their compensation claim or return-to-work plan.

4.1.9 Return-to-Work Challenges

MacEachen et al. (2010) indicated that a work injury could exacerbate unanticipated conflicts of interest in a workplace, leading to problems with return-to-work. In some instances, workers were not fully recovered from an injury or illness, when they returned to the workplace and were inappropriately accommodated impacting a co-worker's work duties. This fostered an environment of resentment by co-workers who felt that increased workload responsibilities, due to a decrease in an injured workers workload was unfair (MacEachen et al., 2010). Participants in this study shared stories of co-workers who were angry or frustrated, with having to work with an injured worker and some participant's faced resentment by their co-workers, due to the additional work responsibilities. Within this study, participants described inappropriate return-to-work duties such as heavy lifting beyond their identified limitations that were classified as light duty by the employer. However, the injured worker was still incapable of performing the duties. Participants also indicated that they believed that modified duties were a method used by the employer to simply have an injured worker return-to-work so that the employer could reduce sick time costs. Some participants felt they had little, or no choice to return to unsatisfactory work duties because they feared they might lose their job. Korzycki et al. (2008) found that an inability to return to appropriate accommodated work duties could lead to psychosocial, economic, and personal losses for injured workers. Participants in this study felt they had no control over the decision surrounding how, and when, they returned to work. MacEachen et al. (2010) indicated that when an employer appeared supportive and included an injured worker in the return-to-work plan, a more positive interaction resulted between the employer and employee. Furthermore, employers had a duty to

accommodate an injured worker with modified duties, however, there was a need to provide the right kind of modified duties, and one research study revealed that when an injured worker's functional abilities were misaligned with modified duties, it could have an adverse effect on the social relations between employer, injured worker, and co-workers (MacEachen et al., 2010). Participants in this study expressed concerns about their modified work duties and feared being reinjured, or unable, to perform their job duties putting them at risk for discipline by the employer.

4.1.10 System barriers

MacEachen et al. (2010) revealed that system problems appeared insurmountable to an injured worker who might not have the skill, education, or energy, to deal with the uphill battle of submitting a claim with compensation. This was echoed by several participants who were tired, angry, and frustrated by a complicated process that forced them to give up their fight. They felt defeated by the compensation claim process and opted to work with the pain, not report an injury, or file a compensation claim. Strunin and Boden (2004) indicated that injured workers reported either not receiving information, or receiving an overwhelming amount of information, from compensation, leaving them feeling like they had little understanding of the system and no control over the situation. This was consistent with research findings by Beardwood et al. (2005) who noted that injured workers who lacked information about their rights about the compensation system were passive and dependent, leaving them challenged to advocate for themselves.

Friesen et al. (2001) indicated that another system barrier identified was negative interactions between injured workers and employers impeding the return-to-work process. Participants in this study expressed resentment and anger towards an employer who, they felt, did not appropriately accommodate them during the return-to-work process.

Lippel (2007) found that the compensation claim process experience had damaging effects on injured workers. The participants in this study expressed that the impact of an occupational injury and the compensation claim process experience were still present, even though they had returned to work, or had their compensation claim approved. Some participants who continued to suffer from a lower back injury were still on modified duties, remained on anti-depressants, continued seeking mental health supports, and continued to struggle with family relationships. Friesen et al. (2001) noted that amicable relationships between the union and management, as well as positive communication and teamwork, were mentioned frequently as being important to the overall well-being of an injured worker. The participants in this study wanted improved communication between the employer and compensation. They believed there was disconnect between the employer and compensation that hindered the time it took to have a compensation claim approved.

Friesen et al. (2001) revealed that interactions that established trust and credibility with all parties involved with an injured worker could be essential for promoting successful communication and knowledge transfer and could further work to empower an injured worker. Additionally, human interactions by the employer encouraged worker participation, increased empowerment in the return-to-work process, and were seen as vital to the well-being of the worker (Mitchell, Brodwin, & Benoit, 1990).

Soklaridis et al. (2010) indicated that injured workers were overwhelmed by the complex compensation claim process leaving them feeling like they had to fight powerlessly through each step of the process.

Lippel (2007) noted that the issue of power imbalance in the legal context is not new, nor is it exclusive to the field of injured workers. In the context of workers' compensation, power imbalances could be more pronounced, given that many workers had no legal representation at all.

One participant in this study spoke about the need to be both a doctor and a lawyer to comprehend the forms associated with a claim entirely. Trief and Donaldson (1995) indicated that a sense of disempowerment could be related to being unable to understand or negotiate the compensation system.

4.2 Theoretical Framework

4.2.1 Epistemology

The overarching theoretical framework that was incorporated into this research study was social constructionism with an ontological relativist approach (Crotty, 2015). Creswell (2013) noted that this approach considers how an individual seeks an understanding of the world in which they live and work. Additionally, one of the goals of this method of research is to rely as much as possible on the participants' views of their situation (Creswell, 2013). In this study, the use of a social constructionist approach allowed for an inductive method of emerging ideas using interviewing methods that included broad and open-ended questions (Creswell, 2013).

4.2.2 Additional Theoretical Model

The ecological systems theory further assisted in understanding the themes that arose from this research study (Johnson, 2008). These themes were all interconnected in the same manner as the interwoven system levels of the ecological systems theory (Johnson, 2008). Dembe (2001) noted that it is important to address the repercussions of an occupational injury beyond the boundaries of the victim (injured worker), victim's workplace, and home using the ecological systems theory as a framework. An illustration of the Bronfenbrenner's ecological systems theory was provided for reference (Appendix H).

In summary, the ecological systems theory details how multiple dimensions (e.g., physical

environment, social and cultural environment) and multiple levels (e.g., individuals, groups and organizations) across the micro, meso, exo, and macro systems can either positively or negatively cumulatively impact an individual (Johnson, 2008).

4.2.3 Theory in Application

As a method of demonstrating how the ecological systems theory could be used to further understand the impacts of a work-related injury, the compensation claim process, and return-to-work, a superimposed diagram using micro, meso, and macro levels of the ecological system was provided (Appendix I).

Dembe (2001) noted that an occupational injury that affects an individual worker is embedded in a complicated network of reciprocal relationships with other individuals, groups, and social institutions that were tightly intertwined. Therefore, influences associated with an occupational injury can extend into homes, workplaces, and government agencies ultimately causing psychological, behavioral, social, and economic impacts (Dembe, 2001).

The themes that arose from this study that could fit into the micro-level system include financial hardship, compromised family relationships, and depressive feelings. The micro-level factors in this study corresponded to Bronfenbrenner's ecological systems theory (Johnson, 2008). These themes arose from the participant's knowledge, perceptions, and attitudes about the impact that the injury and the compensation claim process had on them and their families. They described depressive feelings that required medical management, such as anti-depressants and psychological counselling. Additionally, they discussed the extreme financial hardships they faced causing bankruptcy, an inability to provide for their families, and the need to seek financial support from family and friends.

At the meso-level system, themes that arose from this study include limited communication with all stakeholders involved with their claim including claim adjudicators, challenges when returning to work, and compensation claim system barriers. Within this study participants expressed frustration with the compensation office, employers, and the union. They felt that communication issues led to barriers that included a compensation claim denial and inappropriate return-to-work duties. Dembe (2001) indicated that communication among stakeholders involved in an injured worker's case such as the compensation office, the union, and the employer, are central to understanding the impacts of a work injury and the compensation claim process at the meso level. Within this study, participants clearly expressed their dissatisfaction with the inability to meet with their compensation claims adjudicator face to face. Additionally, they spoke about a lack of communication with the employer after the injury had occurred. Participants felt that once an injury had occurred the company did not communicate effectively and, in some instances, they missed important phone calls that resulted in delayed return-to-work.

Dembe (2001) found that at the macro-level system, issues are considered to be beyond the influence of the injured worker and were deemed as significant impacts associated with an injured worker and the compensation claim process. The themes that arose from this study that could fit at the macro-level include a tough fight for compensation, denial of illness and compensation by the employer, unsafe work environments, and punishment for injured workers.

Participants in this study described situations that included the employer denying that the injury had occurred at work ultimately causing a denial of a compensation claim. Participants stated that when they returned to work, they were subjected to inappropriate modified work duties putting them at risk for exacerbation of their original injury. Participants expressed their dissatisfaction with the support they received from their supervisors upon return-to-work and further revealed that

the environment was toxic and not supportive of injured workers on modified duties.

As outlined by the participants in this study, they experienced anger, frustration, and a sense of powerlessness when dealing with the compensation office. They described feeling disconnected due to a lack of communication with their claim adjudicator, a lack of understanding about processes, and disrespectful encounters with a claim adjudicator. Additionally, denial of a claim even after providing significant information about their occupational injury, led to depressive feelings, economic hardships, and family strain. Participants felt that compensation staff were not transparent with their decision-making process leaving them feeling confused and discouraged with the entire process of submitting a compensation claim.

In summary, all of the themes that arose as a result of a lower back injury and the compensation claim process for some male underground workers in this study could be explained using the ecological systems theory (Johnson, 2008). Depressive feelings, a sense of powerlessness, societal pressures, negative encounters with the employer and compensation, and financial strain could all be caused by the encounters with individuals and groups who were situated in the micro, meso and macrosystem levels (Dembe, 2001). Dembe (2001) noted that when an occupational injury occurs, several micro-level responses can take place including psychosocial responses such as depression, functional impairment associated with the injury, and a loss of wages causing financial strain. Furthermore, at the meso-level, a lack of communication between key stakeholders have an impact on those situated in the micro-level including the injured worker, family, and friends (Dembe, 2001). At the macro-level, struggles to have a compensation claim approved, a toxic work environment, and a lack of support from the employer impacted the members at the meso and micro-level. Overall, participants in this study suffered manifestations of reduced wages, psychological and behavioral responses (e.g., stress, depression and anger), social effects that

included damaged family relationships including marital separation and the inability to participate in household chores, and punishment from the employer and their co-workers because of an occupational injury and the compensation claim process (Dembe, 2001). Johnson (2008) indicated that the manifestations that victimize an injured worker occur due to the ripple effect of the complex intertwined relationships between the macro-level, meso-level, and micro-level systems of the ecological systems theory.

4.2.4 Reflexivity

Within this study, it was recognized that researcher situatedness or positioning could have affected the participants, so the questions formulated to generate knowledge and finally the interpretation of the data were carefully examined (Berger, 2015).

As a method of ensuring space was made for the participant's identities and voices, self-reflection and an empathetic and compassionate view towards the participant's stories was taken (Berger, 2015). With a recognition that each participant's account of their injury was different, based on their gender, cultural beliefs, and formed identities, I was cognizant to withhold any judgment about how, and why, they were challenged with dealing with the physical, social, emotional, financial, and occupational components associated with their injury and the compensation claim process experience (Berger, 2015). Furthermore, I was cognizant that the interviews could evoke emotional responses in the participants and remained sensitive to their responses and did not dismiss what each participant was feeling in the moment (Berger, 2015). Berger (2015) noted that acting in a supportive manner ensures that the participants feel comfortable sharing.

Upon completion of each interview, I reflected upon the difficult account of the challenge's participants faced due to an occupational injury and the compensation claim process experience

(Berger, 2015). I found myself humbled that the participants openly discussed very personal stories with a complete stranger. They described family struggles, financial struggles, intimate details about depression, and even suicidal thoughts. Participants felt comfortable to express their feelings and, in some instances, cried because of the emotion that was evoked by sharing their stories. Berger (2015) indicated that participants could be more willing to speak about their experiences with a researcher who was sympathetic to their situation. In emotional moments, I found myself wanting to help but remained mindful not to project my own emotions into the research avoiding any possible researcher bias. However, I ensured participants received a document that provided information about various mental health supports that were available to them locally. Berger (2015) noted that the use of reflexivity allowed a researcher to maintain a balance between personal and universal. As the interviews progressed, I became aware not to insert my thoughts into conversations, limiting my own opinions, and allowing participants to describe first-hand accounts of their challenges. Berger (2015) indicated that the use of reflexivity allows for monitoring involvement and detachment between the researcher and the participants enhancing the rigor of the study. After completing the interviews, I felt a desire to not only further this research, but also hoped that the results of this study could help to affect changes in the compensation claim process, reducing struggles that may be faced by future injured workers who had to submit a compensation claim. Using reflexivity allowed me to minimize any effect on the findings of this study enhancing the credibility and accuracy of the research findings (Berger, 2015).

During the interviews, the participants discussed detailed stories of the underground mining work environment that they had endured on a day to day basis. As indicated by many participants, mining is a dangerous environment. Donoghue (2004) noted that in the mining industry not only was there a possibility for physical injury, but dust and fume exposures could contribute to long-term health issues. Participants also spoke about using equipment that required physical strength

simply to operate. Upon completion of the interviews and being fully aware of the importance of reflection and situatedness within the research, I felt it necessary to have a firsthand account of the underground mining environment. Therefore, an underground mining tour was arranged with the cooperation of the union and the mining company involved with this research study. Exposure to the underground mining environment allowed me to gain a better perspective of what day to day life as an underground worker resembled.

Gearing up in the protective equipment was the first challenge. The overalls, boots, helmet, safety glasses, belt, and coat weighed approximately twenty pounds. Simply walking with the extra equipment was difficult. Approaching the cage evoked a sense of trepidation. Travelling down to the 1,400 level was an eerie feeling. As the union and company personnel continued to provide details, I found myself watching the levels of solid ground, as we were descending in the cage. Exiting the cage into a dimly light small tunnel was unnerving. Greeted by underground workers, they enthusiastically proceeded to tour me through the tunnel. The underground workers identified equipment, explained how the ventilation system worked and provided me with an understanding of the refuge station. While touring, I noticed the dust, the dimly lit environment, and the thick muck in which my boots were getting stuck. I was in awe of how narrow the tunnel was and how quickly I felt the desire to head back up to surface. I quickly discovered that when a cage operator rang 2-2 on the cage bells, we were heading to surface. Returning to the surface, we followed protocol, tagged out of the mine, and tagged into the ramp area. My tour guides advised me that we were heading to the ramp to continue the tour. Naively, I had no clue what that meant until we entered a hole in the ground and proceeded down an extremely dark tunnel in a jeep with a driver whose job it was to drive up and down the tunnel regularly. Again, I became quite unnerved by the blackness of this environment and the narrow, twisting, and winding tunnels. The diesel fumes were quite strong, and it was damp and musky. Again, underground workers graciously showed me

their work environments seemingly quite pleased with their occupations and the environment in which they worked.

While there was no possible way for me to fully understand what it was like to work in this environment after a two-hour tour, I came away with a genuine respect for underground workers, a better appreciation for how an occupational injury could easily happen in this environment, and a visual of the stories that were shared with me.

4.3 Study Strengths and Limitations

This study was the first to explore the experiences of some male underground workers who experienced a lower back injury and were involved with the compensation claim process in Sudbury, Ontario.

The data collected from the participants involved with this study helped to eliminate the gap in information about underground workers experience with an acute, or chronic, lower back injury and their experiences with the compensation claim process.

Another strength of the study was the ability to capture in-depth perspectives of injured workers who all had direct experiences with the compensation claim process. All were volunteers who had a particular interest in the topic of this research study and were very forthcoming about sharing their experiences about their injury and the compensation claim process experience. All participants were keen on seeking changes that would improve any challenges or barriers with the compensation claim process, for any worker who suffered an occupational injury.

The study limitations included language (interviews conducted only in English), gender (only males were included in this study), race, and culture. The views and perspectives of the participants could have been dependent on their individual experiences when dealing with all stakeholders.

There could be recall bias associated with their stories. Some participants experienced an injury several years ago and, therefore could have had difficulty recalling accurate details. Additionally, lengthier interviews ensued when a participant encountered significant challenges such as a compensation claim denial, extreme financial hardship, and threat of job loss with the employer.

Secondly, the extreme financial strain described by some of the participants could have been influenced by labor disputes that coincided with the date of the injury (Appendix G). Information about the labor disputes was obtained post data collection. Therefore, questions about the impact of the labor dispute on the participants' financial strain were not addressed during this study. Thus, in some instances, the unfortunate timing of an injury, along with the enhanced financial stress of a labor dispute, could have compounded the financial strain identified by some participants.

Also, it should be noted that the limited number of male participants recruited for this study were employed by one mining company in Sudbury, Ontario. This limitation might not allow for the transferability of the findings. Therefore, participants in this study may not represent other underground male workers employed with other mining companies in Ontario who suffered a lower back injury and were involved with the compensation claim process.

To ensure the trustworthiness, credibility, dependability, transferability, and application of the findings, all transcripts were read and re-read (Colorafi & Evans, 2016). Berger (2015) noted that reflexivity and addressing biases enhances the trustworthiness and objectivity of a research study. Dependability was achieved by using consistent procedures across all participant interviews such consistency in data collection (e.g., using the same interview questions in the same order) and clearly describing the researcher role within the study (Colorafi & Evans, 2016). Credibility was achieved by providing thick and rich data that was believable from the perspective of the participants in the research study (Colorafi & Evans, 2016). Transferability was accomplished by

thoroughly describing the characteristics of the participants so that comparison with other groups could be made. Finally, the utilization of the data was achieved by the accessibility of the findings found in publications and discussed at conferences (Colorafi & Evans, 2016).

4.4 Real-World Implications

Korzycki et al. (2008) indicated that knowledge transfer is an important element that could help an injured worker become informed, understood, and help them to make their own decisions during the compensation claim process. Participants in this study expressed that they had feelings of frustration due to a lack of understanding about how and when a claim was approved. Providing injured workers with knowledge could enhance their understanding of the compensation claim process reducing frustration.

Compensation staff could find some aspects of this thesis helpful. Firstly, developing a more cohesive relationship through information sharing could help to reduce tensions such as anger, or frustration, between the compensation claim adjudicator and the injured worker. This could be beneficial to the worker and the compensation claim workers involved in a compensation claim. Additionally, an improved understanding of an occupational injury could benefit both the injured worker and the compensation employees. Knowledge about an injury and the appropriateness of timely phone calls could reduce the length of time required to approve a compensation claim.

Friesen et al. (2001) indicated that employers appear to be an important player in an effective return-to-work program. Furthermore, workplaces that take the initiative to develop appropriate return-to-work policies results in increased worker and employer satisfaction (Friesen et al., 2001). Therefore, employers could also benefit from formal communication training further enhancing their understanding of the importance of keeping the lines of communication open with an injured

worker as they work through the return-to-work process. Frame and Brown (2007) noted that an exchange of knowledge in a more interactive manner could help to open the communication channels between all stakeholders (e.g., compensation, employers and union) involved with an injured worker. Participants in this study indicated that they wanted to know that the employer's concern went beyond work production, but also included a concern for the employee's overall well-being after an injury had been sustained. The Health Council of Canada identified that collaborative efforts working towards a common goal are a critical component to both accelerating system change as well as improving human resource management ("Home · Health Council Canada," 2019).

While the union strived to work for the best outcome for an injured worker, as outlined by participants, a constant change in union staff, who were overloaded with worker's complaints and did not have time to deal with an injured workers compensation claim, led to frustration by the participants in this study. Unions could aim for more consistency in staff and strive for respectful communication allowing an injured worker to feel heard. Therefore, moving forward, as soon as an occupational injury occurs, regular meetings should be scheduled with all those involved in an injured worker's case. Involving all parties could limit a breakdown in communication, enhancing the ability to create a plan that benefited all those involved, and provide an injured worker with a sense of control over their injury. Korzycki et al. (2008) revealed that open and transparent communication with all parties diminishes mistrust amongst the injured worker and the other stakeholders (e.g., employer, union and compensation) and minimizes the power imbalance that was felt by the injured worker.

Future research studies should focus on the development of educational resources for an injured worker which could include a manual about compensation steps, processes, and suggestions.

Korzycki et al. (2008) found that knowledge transfer is an important element that helps injured workers become informed, understood, and make decisions in the compensation claim process thereby offering more opportunities for better information exchange, and partnering, which were necessary for injured workers to take responsibility in managing steps in their compensation claim.

Additionally, research studies should address various types of advocacy for an injured worker such as a third party, non-bias advocate (Gardner, Pransky, Shaw, Nha Hong, & Loisel, 2010). This could allow an injured worker access to one point of contact, diminishing the stress involved with becoming the sole person responsible for communication and documentation associated with submitting a compensation claim. Gardner et al. (2010) indicated that a third-party advocate could help to facilitate the process with the union, the workplace, health-care professionals, compensation, and the injured worker. Additionally, this person can be seen as a bridge between the injured worker and stakeholder silos. Participants in this study echoed these suggestions. Participants felt that having a sole person who was able to assist with all processes could minimize confusion, provide a better understanding of how to complete complicated forms, and advocate for appropriate return-to-work duties with the employer.

The findings in this study suggested that injured workers could be provided with the skills necessary to navigate the various systems, or equally, suggested that the policies, and actions of people within the systems, could change to reduce barriers and increase support for injured workers. Trief and Donelson (1995) found that there was an over-emphasis on the need for change with workers and that it was now important for the organizational systems to institute change in their attitude and practices rather than requiring the worker to learn new skills. Furthermore, changing the culture of the environment within the workplace through trust and communication, enhancing safety policies, and ensuring adequate return-to-work plans were in place could help to

eliminate the burden felt by the injured worker (Trief & Donelson, 1995).

Finally, further research studies need to be undertaken to address the impact of an injury and the compensation process as identified by female underground workers, workers from different cultural backgrounds, and underground workers from mining industries in Ontario. More involvement of union representatives in future research studies could provide a broader perspective on a work-related injury and the compensation claim process experience. All of these suggested future research studies could help to fill in the gap of knowledge currently missing about this topic across the North, as well as be inclusive of gender and culture.

4.5 Conclusion

This thesis aimed to further understand the impacts (economic and non-economic) of a lower back injury and the compensation claim process experience by some male underground workers in Sudbury, Ontario. In undertaking this research study, I aimed to understand and possibly improve compensation processes and identify the gaps in knowledge associated with an injured worker, and the compensation process experience, of some male underground workers in Sudbury, Ontario, and possibly help to inform processes or changes with the employer and the union. Moving forward, ideally, all parties involved with an injured worker need to sit at the same table, collaborate respectfully, and recognize the importance of understanding all impacts of an occupational injury. This would allow for a more person-centered form of treatment that seeks information beyond a physical injury and also recognizes the importance of the emotional, financial, family, and social impacts associated with an occupational injury.

Without the extensive sharing of stories by the participants in this study and their willingness to help bring about change, this research study could not have produced thick, rich data. As a result of

their significant challenges and barriers, this study became an important first step towards eliminating similar problems and obstacles for future workers.

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Table 1- Appendix A - Participant Consent Form



Study Title: Mining, Injuries and the Compensation Process: Who does it hurt the most?

Principal Investigator:

Sherry Mongeau, MA Student, School of Rural and Northern Health, Laurentian University

Co-investigators:

Nancy Lightfoot, PhD, Thesis Supervisor, School of Rural and Northern Health, Laurentian University

Leigh MacEwan, PhD, Assistant Professor, School of Social Work, Laurentian University

Tammy Eger, PhD, Associate Professor, School of Human Kinetics, Laurentian University

Dear potential participants,

This research study will examine the impact of a lower back injury and the compensation process experience of some underground mine workers in Sudbury.

Information will be collected through in-person interviews. After written consent is obtained, you will be asked to take part in an in-person interview, which could last 60 to 90 minutes. The interviews will be either conducted at the Local 6500 Union Hall, at CROSH or utilizing the CROSH mobile van.

Following the interview, I will choose personal quotes from your stories to describe how it felt to have experienced an injury and the compensation process. As a method of verifying themes, member checking will take place by having the participants review and approve quotes from your story.

As a participant, you understand that:

- Participation is voluntary and that you can withdraw from the study any time by notifying me.
- You agree to be audio recorded during all interviews. The interview will be audio recorded so that it can be typed. The researcher will delete any personal identifying markers to ensure your confidentiality.
- Your name and location will be kept confidential. Any identifiable information will not appear in any documents.
- All information collected will be entered into a secure database accessed only by the principal researcher and the researcher's supervisory committee, Dr. Lightfoot, Dr. MacEwan, and Dr. Eger. All gathered information will be stored in a locked cabinet in Dr. N. Lightfoot's office at Laurentian University. All electronic files will be password protected. At no time will other parties have access to this information. The information

collected will be kept indefinitely, however, participant names and ID numbers will be destroyed once the research study is complete.

- There are two copies of this consent form. You will keep one copy and provide the signed copy to the principal researcher.

Project reports of this study will be generated for publications, conference presentations and a presentation at the USW Local 6500 union hall.

As a method of thanking you for your participation in this study a twenty-dollar cash honorarium will be provided.

If you have any questions or concerns about the study or about being a participant, you may contact the principal researcher (Sherry Mongeau) or her supervisor (Dr. Nancy Lightfoot) for information:

Sherry Mongeau, MA Student
School of Rural and Northern Health
(705) 675-4883 ext. 7257
1-800-461-8777
smongeau@laurentian.ca

or Nancy Lightfoot, PhD
School of Rural and Northern Health
(705) 675-1151 ext. 3972
1-800-461-4030
nlightfoot@laurentian.ca

This research project has been approved by Laurentian University research ethics boards. For concerns or questions regarding the ethical conduct of the study, you may also contact the Laurentian University Research Officer at (705) 675-1151 or 1-800-461-4030, ext. 3213 or email at ethics@laurentian.ca.

I agree to participate in this study, and I have received a copy of this consent form.

I agree to have the interview recorded:

Yes No

Signature (Participant): _____ Date: _____

Copies of the research project summary will be made available to all participants.

I would like to receive a copy of a one page/short summary of the study:

Yes No

If yes, please provide your contact information:

Email address: _____

Mailing address: _____

Table 2 - Appendix B - Participant Letter



Dear Potential Participant,

I am Laurentian University Master's student in Interdisciplinary Health who invites you to become a participant in my research project called "Mining, Injuries, and the Compensation Process: Who Does It Hurt the Most?" The goal of the study is to better understand the impact of a lower back injury and the compensation process experience in some underground workers in Sudbury. This letter is being sent to you on behalf of your union.

You are being asked to participate in this research because you have had or do have a lower back injury and have a claim or have had a claim with the Workplace Safety and Insurance Board and you are, or were, an underground worker in Sudbury. If you decide to participate in this study, I will present the study results in journal publications, conferences and at the USW Local 6500 Union Hall. A summary of the results of the project will also be provided to you at the end of the study. Additionally, this study will help to guide future studies in this specific area of the compensation process and therefore, results will also be shared with the Workplace Safety and Insurance Board.

The study participation is voluntary, and you can withdraw from the study at any time without consequence by notifying me. Deciding not to participate or withdraw from participation will not affect any aspect of your compensation process. Information will be collected by performing individual in-person interviews, which could last 60 to 90 minutes. The interviews will be either conducted at the Local 6500 Union Hall, at CROSH or utilizing the CROSH mobile van. Your name and the location will be kept confidential throughout the entire project and onward. Any personal information will not appear on any documents. Please also note that your union will not be advised who does or does not agree to participate in this study.

We would greatly appreciate if you would consent in participating in this important project. If you would like to participate in this study, please fill out the attached form and return to sender. As a method of thanking you for your participation in this study a twenty-dollar cash honorarium will be provided.

Sincerely,

Sherry Mongeau, MA Student
School of Rural and Northern Health
(705) 675-4883 ext. 7257
1-800-461-8777
smongeau@laurentian.ca

or Nancy Lightfoot, PhD
School of Rural and Northern Health
(705) 675-1151 ext. 3972
1-800-461-4030
nlightfoot@laurentian.ca

Table 3 - Appendix C - Interview Questions



LaurentianUniversity
Université**Laurentienne**

ID # _____

Date of Interview (day/month/year):

Sudbury ____

Union Hall __ Home __ Elsewhere _____

Hello, I would first like to say thank you again for participating in this interview. I would like you to share your stories as you see them, there are no right or wrong answers to the questions I will ask you. Feel free to ask me to repeat the question or ask for clarification if you do not understand the question. You may also choose not to answer a question. If you need a pause or a break, we can stop the interview at any time. Do you have any questions before we start?

Questions:

1. How do you prefer to be addressed? Is a first name okay?
2. What was it/is it like to work in the mining industry? What types of jobs did you do?
3. I understand you experienced an injury; can you tell me what happened when you were injured?
 - a. Prompts: When? How? Under what conditions? Did you report your injury to the company/union right away? What type of treatment did you receive physician/OT/PT/surgical? How long after the injury did you submit a claim for WSIB? Was it granted/denied? How long did it take to get financial compensation?
4. How did your employer/union/family/co-workers/physician/healthcare provider or caregiver/WSIB react/respond?
5. Can you tell me a little bit about your experiences with the WSIB process?
6. What advice would you give to others who are trying to submit a claim for an injury through WSIB?

7. Where there any financial impacts on your family? Financial impacts on you and/or the household? Suggestions about how to help others cope?
8. Did you have to take any form of medical leave?
9. What suggestions do you have for other underground workers with similar injuries?
10. Is there anything else you want to share?

Other prompts:

- Please explain more.
 - Can you give me more details?
 - How did that make you feel?
1. Preference for me to follow up with you? Mail___ Email___ Telephone___
 2. How old are you? _____
 3. Marital Status: _____
 4. Any Children? ___ Yes ___ No
 5. Your current hometown: _____
 6. At which mine did you sustain your injury? _____
 7. What is your highest level of education? _____
 8. Are you?
 - a. Retired _____ Regular Full-time _____ Regular Part-time _____ Casual _____
 9. How long have you worked in the mining industry? _____

Additional comments

Table 4 - Appendix D - Participant Resources



Ontario Mental Health Helpline (1-866-531-2600)

Local Crisis hotline 705-675-4760

UNION EAP: Shepell Care Access Centre toll free at 1 800 735-0286

Table 5 - Appendix E - Union Support Letter



UNITED STEELWORKERS LOCAL 6500

66 Brady Street
Sudbury, ON P3E IC8
Phone: 705-675-3381

Fax: 705-675-2438

Friday, September 21, 2018

To whom it may concern:

United Steelworkers Local 6500 wishes to confirm our support of the research by Ms. Sherry Mongeau, MA Student of the School of Rural and Northern Health.

We will assist her in her research project, known as "Mining, Injuries and the Compensation Process: Who Does it Hurt the Most?"

We recognize that the goal of the study is to better understand the impact of a lower back injury, and the experience of some Sudbury underground workers in navigating the compensation process.

In Solidarity,

Nick Laroche
President
United Steelworkers Local 6500

J.P. Mrochek
WSIB Worker Representative

Table 6 - Appendix F - Workplace Safety and Insurance Board (WSIB) - Claim Flow Chart

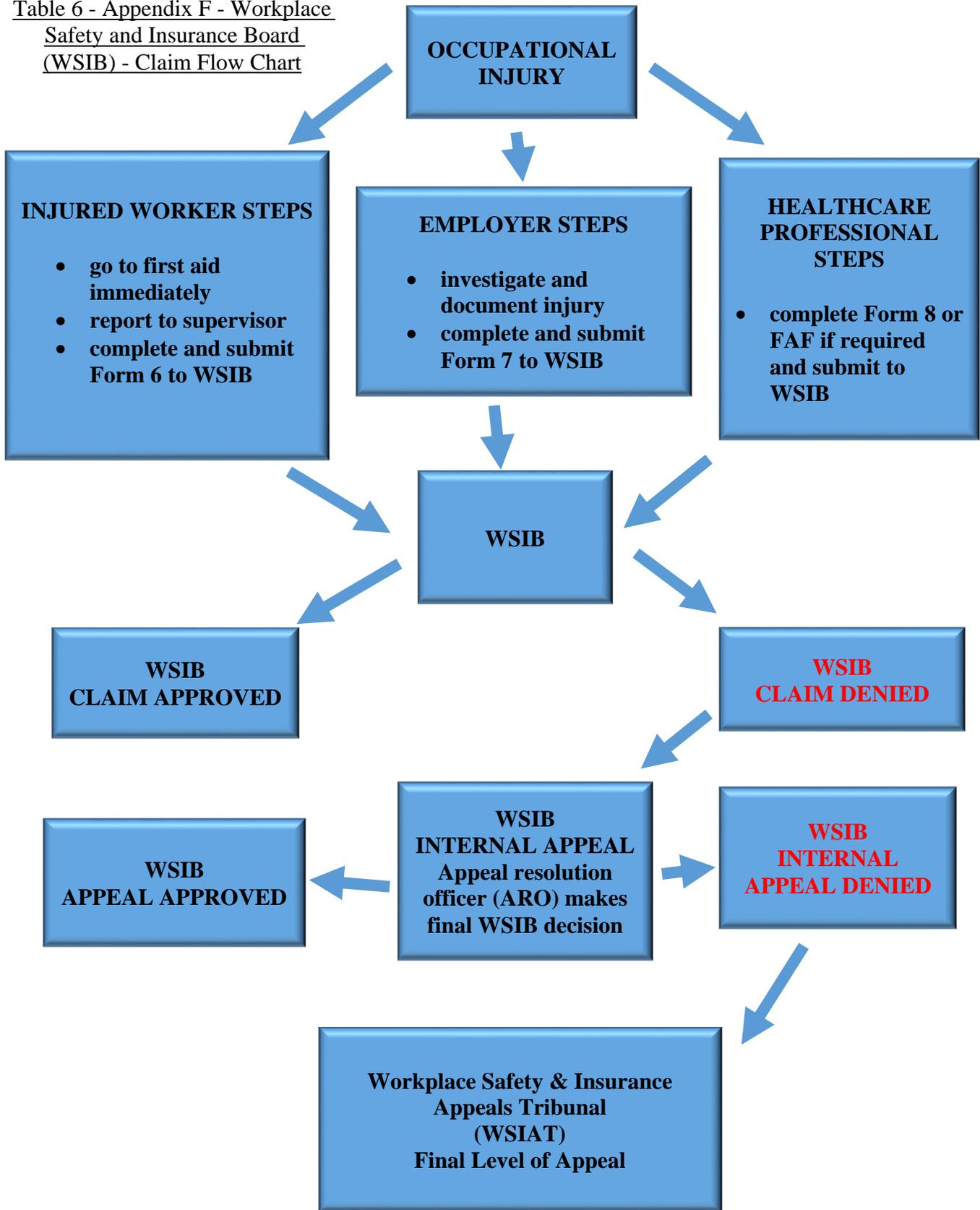


Table 7 - Appendix G - Strike/Injury Dates

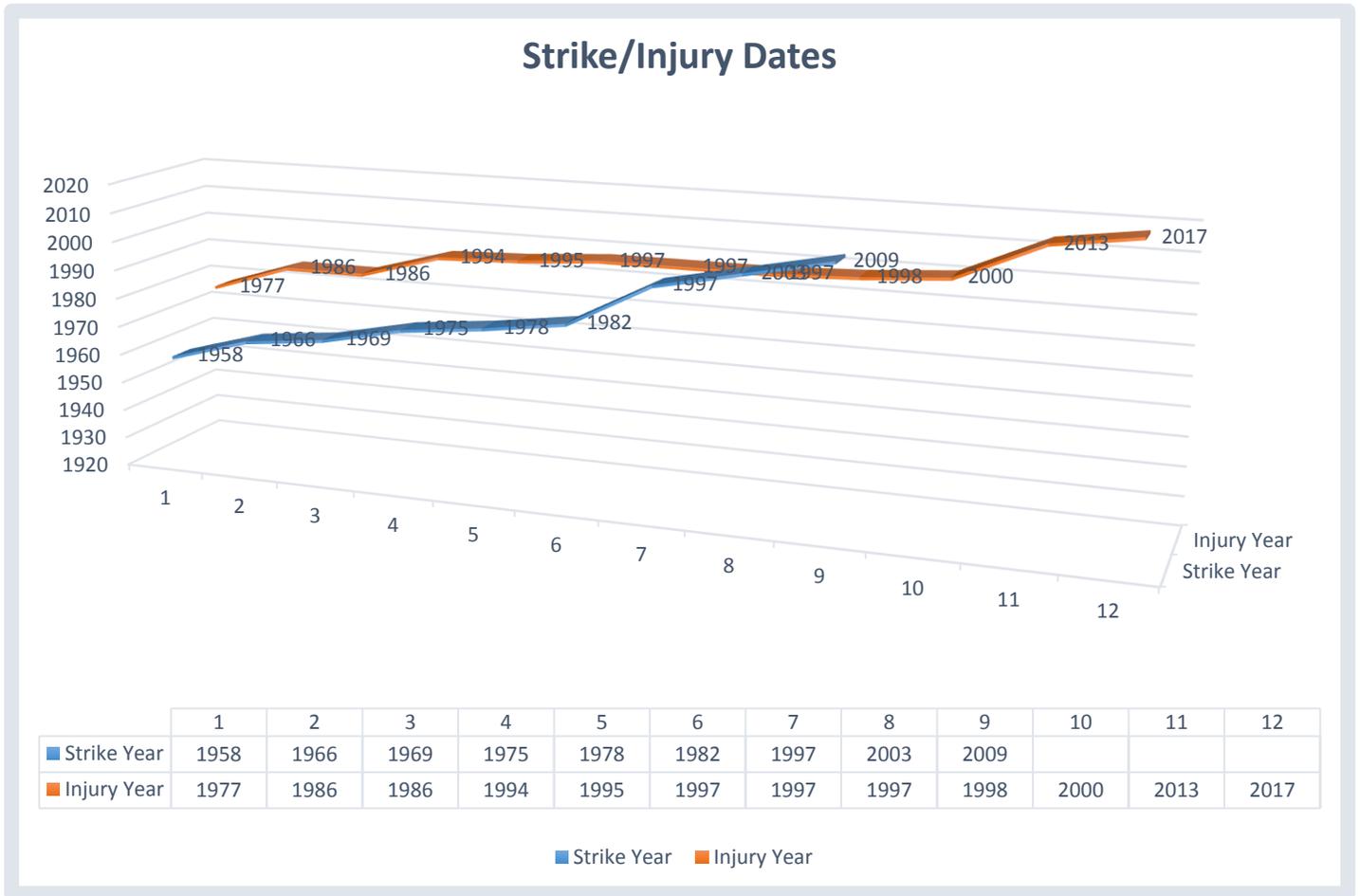
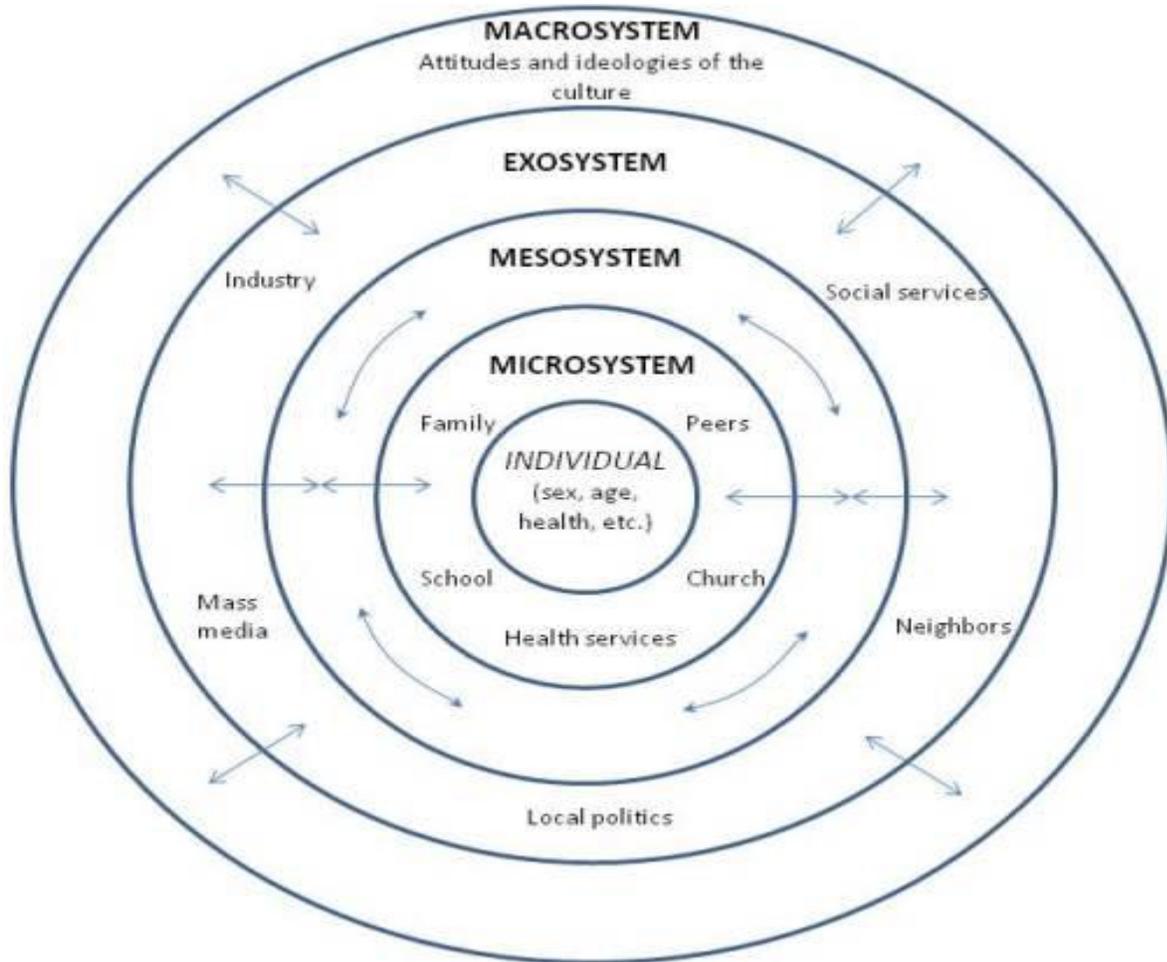


Table 8 - Appendix H - Bronfenbrenner Ecological Systems Framework



By Hchokr at English Wikipedia, CC BY-SA 3.0,
<https://commons.wikimedia.org/w/index.php?curid=50859630>

Table 9 - Appendix I - Superimposed Diagram - Micro, Meso, Macro System Factors

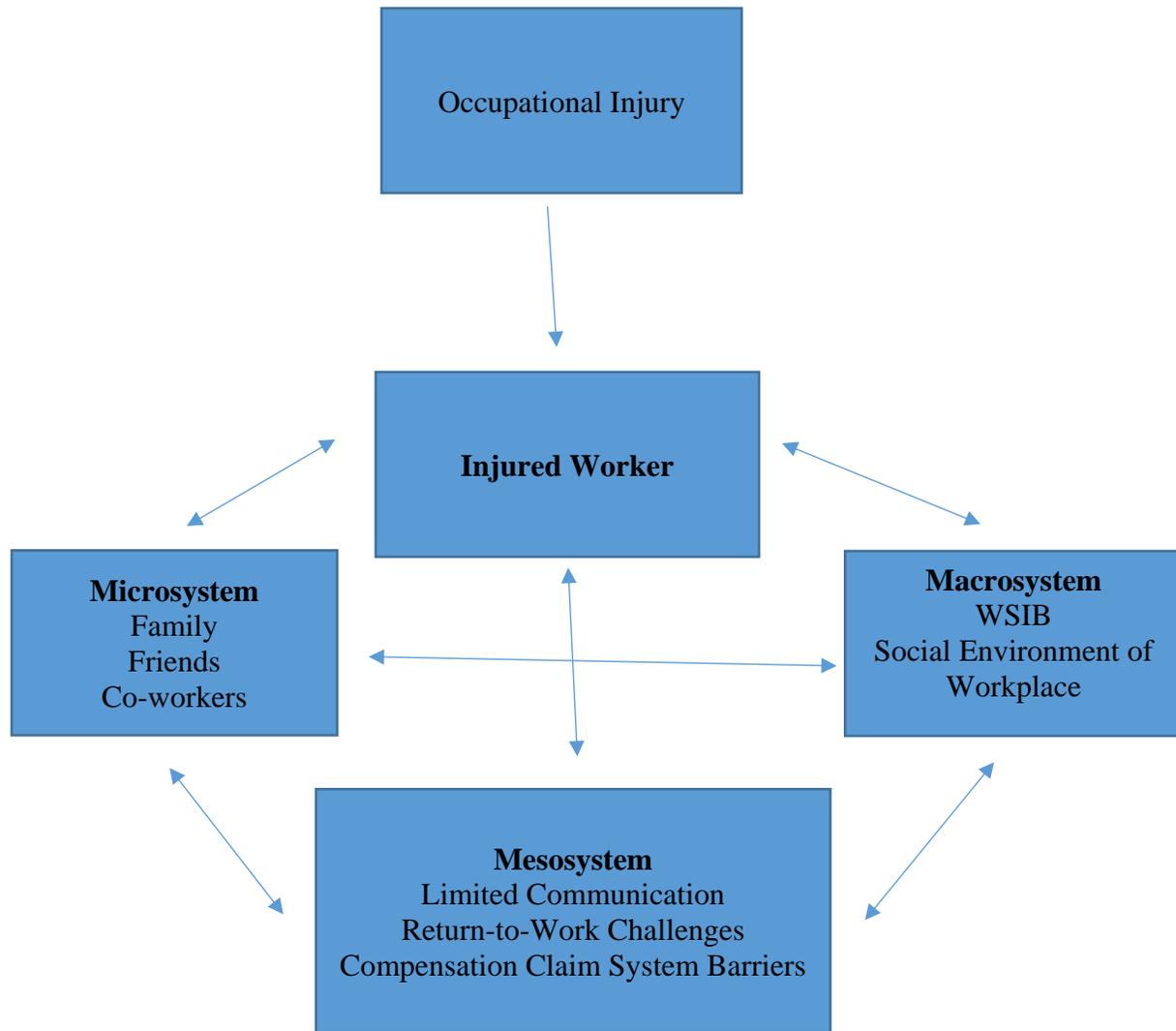


Table 10 - Appendix J - Research Ethics Approval Certificate



APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS

Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New <input checked="" type="checkbox"/> / Modifications to project / Time extension	
Name of Principal Investigator and school/department	Sherry Mongeau, CRaNHR, Leigh MacEwan, SW, Tammy Eger, CROSH, Nancy Lightfoot, co-investigator
Title of Project	Mining, Injuries and the Compensation Process: Who does it hurt the most?
REB file number	6013934
Date of original approval of project	October 3 rd , 2018
Date of approval of project modifications or extension (if applicable)	
Final/Interim report due on: <i>(You may request an extension)</i>	October 3 rd , 2019
Conditions placed on project	

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also, please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Rosanna Langer, PHD, Chair, *Laurentian University Research Ethics Board*